# Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 1 of 116

# IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

JONATHAN VALENTIN,

Plaintiff,

CIVIL ACTION No. 19-CV-1175

V.

PHILADELPHIA COUNTY SHERIFF'S DEPARTMENT,

Defendants,

# Civil complaint

# B. Procedural History

- 1) On March 15th, 2019 Plaintiff, J.V. file an initial complaint with the,
- 2) Pennsylvania Eastern District Federal Court, hereinafter also referred to
- 3) As the, Pa. (EDFC) alleging a civil rights violation against Plaintiff was
- 4) Committed by one, Philadelphia County Sheriff Department Deputy.
- 5) On March 25th, 2019 the, Pa. (EDFC) granted; Plaintiff; J.V.'s, In forma
- 6) Pauperis civil rights violation complaint and instructed Plaintiff to
- 7) Identify what rights and who in the Philadelphia County Sheriff's
- 8) Department violated Plaintiff's civil rights no later than thirty days from
- 9) The date of the notice or risk having the complaint dismissed.
- 10) On May 24th, 2019 the, Pa. (EDFC) issued notice to Plaintiff, J.V.

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- 11) Accepting Plaintiff's second amended complaint and instructed Plaintiff
- 12) To complete form, USM-285 in order to have the US Marshalls serve
- 13) Respondent with a copy of the complaint.
- 14) On August 28th, 2019 the, Pa. (EDFC) issued orders requesting Plaintiff,
- 15) J.V. file a motion for leave to file an amended complaint no later than
- 16) Thirty days from the date of the courts notice in order for the court to
- 17) Formally accept Plaintiff's third and final civil right violation complaint.
- 18) On October 04th, 2019 Plaintiff received notice from the, Pa. (EDFC)
- 19) Denying Plaintiff's September 30th, 2019 motion for leave to file an
- 20) Amended complaint and instructing Plaintiff to attach the third
- 21) Amended complaint to the motion for leave to file an amended
- 22) Complaint in order for the court to accept the motion and the complaint
- 23) No later than twenty one days from the date of the courts notice.
- 24) On October 22<sup>nd</sup>, 2019 the, Pa. (EDFC) issued notice allowing Plaintiffs
- 25) Third and final amended complaint.
- 26) As of October 22nd, 2019 Plaintiff, J.V. has filed a third and final
- 27) Amended civil rights violation complaint in the, Pa. (EDFC) alleging
- 28) Misconduct, assault and wrongful arrest by one Philadelphia County

- Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 3 of 116 29) Sheriff Department Deputy.
- 30) On October 13th, 2020 the, Pa. (EDFC's) honorable Judge, Gene E.K.
- 31) Pratter order Defendant to file a response to Plaintiff, J.V's.
- 32) October 22<sup>nd</sup>, 2019 third and final amended civil rights violation
- 33) Complaint no later than twenty one days from the day of the courts
- 34) October 13th, 2020 final order.
- 35) On November 02<sup>nd</sup>, 2020 the Philadelphia County's Sheriff Department
- 36) Filed an initial response to Plaintiff. J.V's. October 22<sup>nd</sup>, 2019 third and
- 37) Final amended civil rights violation complaint.
- 38) On November 04th, 2020 this courts honorable Judge, issued orders
- 39) Instructing all parties involved in this complaint to prepare and submit
- 40) A pretrial conference memorandum no later than twenty one days from
- 41) The date of this courts November 04th, 2020 final entry and in
- 42) Compliance with local Federal rule 16, Federal rule of civil procedure
- 43) 26, 34 and 53 and Federal rule of Evidence 502.
- 44) Finally in compliances with this courts January 5th, 2021 order to
- 45) Produce and submit any and all compelling evidence no later than
- 46) April 9th, 2021; Plaintiff, J.V. filed new evidence on April 7th, 2021 for
- 47) The record, thank you.

# Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 4 of 116 C. Factual Background

- 1) On Sunday March 19th, 2017 Plaintiff, J.V. was attacked by a Sheriff
- 2) Department deputy while inside the Philadelphia County Family Court
- 3) Building located at, 1501 Arch St. Philadelphia, PA. 19107.
- 4) The incident took place around 3pm inside the Philadelphia Family
- 5) Court building.
- 6) Plaintiff was in the family court building visiting his son and was asked
- 7) By a county court nursery clerk to come back the following scheduled
- 8) Weekend due to his late arrival.
- 9) Defendant, Officer Mr. Murphy, badge no. 609 became violent and
- 10) Unprofessional.
- 11) Plaintiff asked Defendant for his bag number, Defendant then attacked
- 12) Plaintiff.
- 13) Plaintiff, J.V. was placed in custody until the next day and accused of
- 14) Assaulting a police officer.
- 15) There were two family court house nursery clerks present during the
- 16) Incident along with a second Sheriff Deputy officer, Ms. Rodriguez,
- 17) Badge no. 502.
- 18) This incident took place during one of Plaintiff's biweekly, court
- 19) Ordered, weekend court visits.

- Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 5 of 116 20) Plaintiff showed up twenty minutes late after calling the court house
- 21) And his son's mother to inform them of his estimated late arrival.
- 22) Upon Plaintiff's late arrival, he learned through his son's mother of the
- 23) Nursery clerk's decision to force his son's mother outside of the
- 24) Building before the attendance sheet, singing booth and main
- 25) Entrances were closed to the general public.
- 26) After learning of the incident, Plaintiff's son's mother and Plaintiff
- 27) Returned to the family court building.
- 28) Both Plaintiffs son's mother and Plaintiff were allowed to sing the
- 29) Attendance sheet behind the sing in booth after speaking with a nursery
- 30) Clerk still available in the first floor, in order to get credit for the
- 31) Day's activities but were denied entry past the metal detectors and into
- 32) The nursery room on the second floor by one Sheriff department
- 33) Deputy, Defendant officer Mr. Murphy, badge no. 609.
- 34) Plaintiff then asked the nursery clerk if he could still see his son during
- 35) His scheduled visiting hours.
- 36) Plaintiff's visiting hours were 2:30pm till 4:30pm as court ordered for
- 37) Every other Sunday, supported by evidence previously made available
- 38) To the record under; exhibit, (A) One Philadelphia County, family court
- 39) Order.

- 40) The Sheriff's department deputy, Defendant Officer Mr. Murphy, badge
- 41) No. 609 began to make fun of Plaintiff while in front of Plaintiff's son
- 42) And Plaintiff's son's mother, at this time Plaintiff's son's mother became
- 43) Frighten and exited the building stating she would contact Plaintiff later
- 44) In the week to make other arraignments.
- 45) Plaintiff asked Defendant, Officer Mr. Murphy, badge no. 609 for his
- 46) Badge number then Defendant attacked Plaintiff and placed Plaintiff
- 47) Under arrest supported by evidence herein after defined and titled
- 48) Exhibit, (B) one D.C. incident report no, 17-09-10325.
- 49) Plaintiff was sent to the Philadelphia 9th district police department
- 50) After speaking with a white collar senior officer from the Philadelphia
- 51) County's Sheriff's Department as supported by evidence previously
- 52) Made available to the record under; exhibit, (C) one city of Philadelphia
- 53) 9th District Police Department property receipt.
- 54) Plaintiff was then sent to the Hahnemann University hospital's
- 55) Emergency room for treatment of a neck injury sustained during the
- 56) Initial arrest and charged with assaulting a police officer as supported
- 57) By evidence defined and title under Exhibit, (B) one D.C.
- 58) Incident report no, 17-09-10325.
- 59) The charges were dropped and Plaintiff was sent home after three
- 60) Separate radiology sessions involving Plaintiff's neck, shoulder and

- Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 7 of 116 61) Knee.
- 62) Plaintiff spent a total of three hours in the hospital from 5:30pm until
- 63) 9:30pm and nine hours inside a holding cell while nursing his injuries
- 64) Prior to being released sometime around 6:00am Monday morning the
- 65) Following day.
- 66) Plaintiff was given prescription medication for both pain and swelling as
- 67) Follows, cyclobenzaprine 10mg, 20 tablets and Ibuprofen 3200mg, 42
- 68) Tablets as supported by evidence previously made available to the
- 69) Record under; exhibit, (D) one 5page Hahnemann University Hospital,
- 70) Emergency room intake and discharge report.
- 71) It's been almost four years and two separate attempts to resolve the
- 72) Matter directly through the Philadelphia County Sheriff's Department
- 73) Since the initial incident took place without any success.
- 74) Plaintiff's first attempt to resolve the matter dates back to April 13th,
- 75) 2017 when Plaintiff first spoke and then completed a complaint
- 76) Application inside The Philadelphia County's Sheriff's Department with
- 77) The help of a senior staff member by the name of Sgt. Mrs. Angela
- 78) Brown as supported by evidence previously made available to the
- 79) Record under; exhibit, (E) one Philadelphia County Sheriff's
- 80) Department complaint application.
- 81) The second attempt was a little less than a year ago as of March 15th,

- 82) 2019 when again Plaintiff attempted to make contact with a supervising
- 83) Staff members inside the Philadelphia County's Sheriff's Department to
- 84) Resolve the conclusion of a successful investigation but was met
- 85) Without any cooperation by the Philadelphia county's Sheriffs
- 86) Department.
- 87) It's now been more than four years since the original incident took place
- 88) And Plaintiff, J.V. is still receiving medical treatment and medication for
- 89) Injuries sustained during the initial incident including, Cervical
- 90) Radiculitis, Cervical disc misalignment, Patellofemoral pain syndrome
- 91) And Patellachondromalacia.
- 92) Current medication include the following, Diclofenac 100mg for neck
- 93) Pain, thirty tablets, Gabapentin 300mg for back pain, ninety tablets and
- 94) Oxybutynin 60mg for muscle tension, sixty tablets.
- 95) Plaintiff was grabbed by his neck while wearing a winter coat and a
- 96) winter hoodie, placed in a choke hold and thrown into a wall and then
- 97) Onto the floor all while carrying a book bag in one hand and a gift bag in
- 98) The opposite hand.
- 99) This happened in front of several cameras inside and outside of the
- 100) Philadelphia County's family court building.

# D. Factual Allegations

1) Plaintiff alleges excessive use of force, reckless endangerment, simple

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- 2) Assault, aggravated assault, wrongful arrest, deprivation of liberty,
- 3) Retaliatory prosecution, filing false charges, abridging Plaintiff's
- 4) Freedom of speech, right to peaceably assemble and to petition the
- 5) Government for a redress of grievances.

# E. Underlining Charges

- 1) First and fifth amendment violations under, freedom of speech,
- 2) Peaceful gathering, depravation of civil liberty and redress of grievance.
- 3) Simple assault, 18 Pa. C.S. §2701 §§ A and 18 U.S.C. § 113
- 4) US. code Title 18 crimes and criminal procedure § 113, assaults within
- 5) Maritime and territorial jurisdiction.
- 6) (a) Whoever, within the special maritime and territorial jurisdiction of
- 7) The United States, is guilty of an assault shall be punished as follows: (1)
- 8) Assault with intent to commit murder or a violation of section 2241 or
- 9) 2242, by a fine under this title, imprisonment for not more than 20
- 10) Years, or both. (2) Assault with intent to commit any felony,
- 11) Except murder or a violation of section 2241 or 2242, by a fine
- 12) Under this title or imprisonment for not more than ten years, or
- 13) Both.
- 14)(3) Assault with a dangerous weapon, with intent to do
- 15) Bodily harm, by a fine under this title or imprisonment for not more

- 16) Then ten years, or both. (4) Assault by striking, beating, or wounding, by
- 17) A fine under this title or imprisonment for not more than 1 year, or 18) Both.
- 19) (5) Simple assault, by a fine under this title or imprisonment for not
- 20) More than six months, or both, or if the victim of the assault is an
- 21) Individual who has not attained the age of 16 years, by fine under this
- 22) Title or imprisonment for not more than 1 year, or both. (6) Assault
- 23) Resulting in serious bodily injury, by a fine under this title or
- 24) Imprisonment for not more than ten years, or both.
- 25) (7) Assault resulting in substantial bodily injury to a spouse or intimate
- 26) Partner, a dating partner, or an individual who has not attained the age
- 27) Of 16 years, by a fine under this title or imprisonment for not more than
- 28) 5 years, or both.
- 29) (8) Assault of a spouse, intimate partner, or dating partner by
- 30) Strangling, suffocating, or attempting to strangle or suffocate, by a fine
- 31) Under this Title, imprisonment for not more than 10 years, or both.
- 32) Aggravated assault, 18 Pa. C.S. §2702 §§A is usually a felony of the
- 33) Second degree; the punishment range is from probation to twenty
- 34) Years (20) In prison.
- 35) (a) Offense defined. -- A person is guilty of aggravated assault if he:

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- 76) Reckless Endangerment Law and Legal Definition
- 77) Reckless endangerment is a crime consisting of acts that create a
- 78) Substantial risk of serious physical injury to another person.
- 79) The accused person isn't required to intend the resulting or potential
- 80) Harm but must have acted in a way that showed a disregard for the
- 81) Foreseeable consequences of the actions.
- 82) The charge may occur in various contexts such as, among others,
- 83) Domestic cases, car accidents, construction site accidents, testing sites,
- 84) Domestic and child abuse situations and hospital abuse.
- 85) 42 U.S. Code § 1983. Civil action for deprivation of rights;
- 86) Excessive force is the use of more force than is reasonably necessary to
- 87) Arrest a suspect. Examples of excessive force can include: Physical force
- 88) Against a suspect already in custody and not resisting.
- 89) Every person who, under color of any statute, ordinance, regulation,
- 90) Custom, or usage, of any State or Territory or the District of Columbia,
- 91) Subjects, or causes to be subjected, any citizen of the United States or
- 92) Other person within the jurisdiction thereof to the deprivation of any
- 93) Rights, privileges, or immunities secured by the Constitution and laws,
- 94) Shall be liable to the party injured in an action at law, suit in equity, or

- 95) Other proper proceeding for redress, except that in any action brought
- 96) Against a judicial officer for an act or omission taken in such officer's
- 97) Judicial capacity, injunctive relief shall not be granted unless a
- 98) Declaratory decree was violated or declaratory relief was unavailable.
- 99) For the purposes of this section, any Act of Congress applicable
- 100) Exclusively to the District of Columbia shall be considered to be a
- 101) Statute of the District of Columbia.
- 102) 18 Pennsylvania Consolidated Statutes § 508 Use of Force in Law
- 103) Enforcement § 508. Use of force in law enforcement.
- 104) (a) Peace officer's use of force in making arrest.
- 105) (1) A peace officer, or any person whom he has summoned or directed
- 106) To assist him, need not retreat or desist from efforts to make a lawful
- 107) Arrest because of resistance or threatened resistance to the arrest.
- 108) He is justified in the use of any force which he believes to be necessary
- 109) To effect the arrest and of any force which he believes to be necessary to
- 110) Defend himself or another from bodily harm while making the arrest.
- 111) However, he is justified in using deadly force only when he believes that
- 112) Such force is necessary to prevent death or serious bodily injury to
- 113) Himself or such other person, or when he believes both that:

151) The violation. (B) Conduct of hearing any hearing so requested shall be

152) Conducted before an administrative law Judge. The hearing shall be 153) Conducted in accordance with the requirements of section 554 of title 5. 154) The hearing shall be held at the nearest practicable place to the place 155) Where the person or entity resides or of the place where the alleged 156) Violation occurred. If no hearing is so requested, the Attorney General's 157) Imposition of the order shall constitute a final and unappeable order. 158) (C) Issuance of orders if the administrative law judge determines, upon 159) The preponderance of the evidence received, that a person or entity has 160) Violated subsection (a), the administrative law judge shall state his 161) Findings of fact and issue and cause to be served on such person or 162) Entity an order described in paragraph (3). (3) Cease and desist order 163) With civil money penalty with respect to a violation of subsection (a), 164) The order under this subsection shall require the person or entity to 165) Cease and desist from such violations and to pay a civil penalty in an 166) Amount of— (A) Not less than \$250 and not more than \$2,000 for each 167) Document that is the subject of a violation under subsection (a), or (B) 168) In the case of a person or entity previously subject to an order under 169) This paragraph, not less than \$2,000 and not more than \$5,000 for each

Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 18 of 116 170) Document that is the subject of a violation under subsection (a). In 171) Applying this subsection in the case of a person or entity composed of 172) Distinct, physically separate subdivisions each of which provides 173) Separately for the hiring, recruiting, or referring for employment, 174) Without reference to the practices of, and not under the control of or 175) Common control with, another subdivision, each such subdivision shall 176) Be considered a separate person or entity. (4) Administrative appellate 177) Review the decision and order of an administrative law judge shall 178) Become the final agency decision and order of the Attorney General 179) Unless either (A) within 30 days, an official delegated by regulation to 180) Exercise review authority over the decision and order modifies or 181) Vacates the decision and order, or (B) within 30 days of the date of such 182) A modification or vacation (or within 60 days of the date of decision and 183) Order of an administrative law judge if not so modified or vacated) the 184) Decision and order is referred to The Attorney General pursuant to 185) Regulations, in which case the decision and order of The Attorney 186) General shall become the final agency decision and order under this 187) Subsection. (5) Judicial review a person or entity adversely affected by a 188) Final order under this section may, within 45 days after the date the

- 189) Final order is issued, file a petition in the Court of Appeals for the 190) Appropriate circuit for review of the order.
- 191) (6) Enforcement of orders if a person or entity fails to comply with a 192) Final order issued under this section against the person or entity, The 193) Attorney General shall file a suit to seek compliance with the order in 194) Any appropriate district court of The United States.
- 195) In any such suit, the validity and appropriateness of the final order shall 196) Not be subject to review.
- 197) (7) Waiver by Attorney General, The Attorney General may waive the
  198) Penalties imposed by this section with respect to an alien who
  199) Knowingly Violates subsection (a)(6) if the alien is granted asylum
  200) Under section 1158 of this title or withholding of removal under section
  201) 1231(b)(3) of this title (e) criminal penalties for failure to disclose role
  202) As document preparer (1) whoever, in any matter within the
  203) Jurisdiction of the Service, knowingly and willfully fails to disclose,
  204) Conceals, or covers up the fact that they have, on behalf of any person
  205) And for a fee or other remuneration, prepared or assisted in preparing
  206) An application which was falsely made (as defined in subsection (f) for

- 207) Immigration benefits, shall be fined in accordance with title 18,
- 208) Imprisoned for not more than 5 years, or both, and prohibited from
- 209) Preparing or assisting in preparing,
- 210) Whether or not for a fee or other remuneration, any other such
- 211) Application.)
- 212) (2) Whoever, having been convicted of a violation of paragraph (1),
- 213) Knowingly and willfully prepares or assists in preparing an application
- 214) For immigration benefits pursuant to this chapter, or the regulations
- 215) Promulgated thereunder, whether or not for a fee or other
- 216) Remuneration and regardless of whether in any matter within the
- 217) Jurisdiction of the service, shall be fined in accordance with title 18,
- 218) Imprisoned for not more than 15 years, or both, and prohibited from
- 219) Preparing or assisting in preparing any other such application.
- 220) (f) Falsely make for purposes of this section, the term "falsely make"
- 221) Means to prepare or provide an application or document, with
- 222) Knowledge or in reckless disregard of the fact that the application or
- 223) Document contains a false, fictitious, or fraudulent statement or
- 224) Material representation, or has no basis in law or fact, or otherwise fails
- 225) To state a fact which is material to the purpose for which it was

- 226) Submitted.
- 227) False or wrongful arrest or malicious prosecution 18 Pa. C.S. § 2903
- 228) Kidnapping False Imprisonment. § 2903 False imprisonment.
- 229) (a) Offense defined. -- A person commits an offense if he knowingly
- 230) Restrains another unlawfully so as to interfere substantially with his
- 231) Liberty.
- 232) (a) Grading. (1) Except as provided in paragraph (2), an offense
- 233) Under subsection (a) is a misdemeanor of the second degree.
- 234) (2) If the victim of the offense is an individual under 18 years of age, an
- 235) Offense under subsection (a) is a felony of the second degree. (Dec. 20,
- 236) 2000, P.L.721, No.98, eff. imd.) 2000 Amendment. Section 3(1) of Act 98
- 237) Provided that the amendment of section 2903 shall apply to offenses
- 238) Committed on or after the effective Date of Act 98. See the preamble to
- 239) Act 98 in the appendix to this title for Special provisions relating to
- 240) Legislative intent.
- 241) Cross References, section 2903 is referred to in sections 5303, 6102 of
- 242) Title 23 (Domestic Relations).

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# F. Response to Defendants initial argument

- 1) In page one of Defendants argument; paragraph 1 through 6, both
- 2) Parties admittedly agree on the facts attesting to an altercation having
- 3) Taken place inside the 1501 Arch St. Philadelphia County Family Court
- 4) Building on; Sunday, March 19th, 2017 around the mid afternoon hours
- 5) Of 2:30 and 3 PM.
- 6) Both the parties argue the reasons behind the arrest and Defendant
- 7) Offers no evidence in support of the charges.
- 8) Plaintiff, J.V. has used this opportunity to offer additional
- 9) Medical evidence in support of his, October 22nd, 2019 third amended
- 10) Complaint and in subsequent alphabetical order with previously
- 11) Submitted evidence under Exhibit, (D) and (F) one March 21st, 2017
- 12) Through June 12th, 2017 fourteen page medical history report
- 13) Documenting injuries which Plaintiff, J.V. continues alleging are the
- 14) Direct result of the unwarranted, unprovoked and unprosecuted arrest
- 15) Which took place on March 19th, 2017.
- 16) In page two of Defendants argument, paragraph 12 Defendant states
- 17) Plaintiff, J.V. assaulted Defendant as the leading cause for the arrest
- 18) Which in fact is inaccurate as to the facts in part due to Plaintiff, J.V.'s
- 19) Intentional efforts to maintain a respectful amount of distance between
- 20) Defendant; Deputy, Badge no. 609 throughout the discussion and
- 21) Argument prior to the unprovoked assault and unwarranted arrest
- 22) Which Plaintiff, J.V. continues alleging was an attempt to cover up the
- 23) Assault and is still the primary cause of Plaintiff, J.V.'s injuries.

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- 24) Plaintiff, J.V. was not escorted out of the Philadelphia family court
- 25) Building, rather, Plaintiff, J.V. was instructed to exit the building and
- 26) While In compliance with both of the officer's verbal commands was
- 27) Engaged without provocation and physically assaulted by Defendant;
- 28) Deputy, Badge no. 609.
- 29) Plaintiff, J.V's cause for actions taken are stated directly below in
- 30) Section; G; of this petition and titled, Cause for actions taken; were in
- 31) Plaintiff, J.V. seeks monetary relief in the amount of \$120,000.00 for
- 32) Four years of pain and suffering caused by the Philadelphia county
- 33) Sheriff's Department's unwarranted assault and arrest.

# G. Cause for Actions Taken

- 1) Plaintiff is seeking recoverable damages and compensatory remedies
- 2) Adding up but not limited to a total of \$120,000.00 dollars for financial
- 3) Obligations, personal and household expenses and loss of income
- 4) Accrued from 2017 through 2019 along with all pending penalties
- 5) Attached to a guilty verdict of any and or all allegation charges being
- 6) Brought forth in this court.
- 7) Plaintiff is seeking recoverable damages and or compensatory
- 8) Remedies in the form of financial compensation adding up but not
- 9) Limited to four years worth of fulltime earned income at hourly wage

Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 24 of 116 10) Prior to employment hardship plus yearly expenses before taxes 11) Doubled due to fulltime direct hire employment hardship (2017-2019), ability to earn income hardship (2017-2019), ongoing financial 13) Expenses (2017-2019), ongoing personal expenses (2017-2019), 14) Ongoing medical treatment and medical condition, effort, hardship and 15) Burden (2017-2019) as supported by evidence previously made 16) Available to the record under; Exhibits, (D)(F)(G) and (J-O) one social 17) Security disability benefit claim, final agency appeal application and 18) Instructions along with any and or all bending legal fees and legal 19) Penalties upon final judgment by this court, thank you.

# H. Conclusion

- 1) Plaintiff, J.V. is requesting leave until June 22<sup>nd</sup>, 2021 to continue his
- 2) Efforts securing video surveillance footage from inside the Philadelphia
- 3) Family court building as supported by this entry's supplemental
- 4) Evidence, under Exhibits (A-0), thank you.

# **Exhibit**

 $\underline{A}$ 

Philadelphia County's Family Court order

1 page



CASE ID. 0C1001002 ORDER DATE: 3RD JANUARY, 2017



# IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY FAMILY COURT DIVISION

JONATHAN VALENTIN
PETITIONER

VS.

CASE ID.

REBECCA L. MASTROBATTISTA RESPONDENT

### ORDER

AND NOW, THIS 3RD DAY OF JANUARY , 2017, IT IS HEREBY ORDERED AS FOLLOWS:

PETITION FOR CONTEMPT OF CUSTODY FILED SEPTEMBER 9, 2016 BY FATHER, JONATHAN VALENTIN IS RESOLVED AS FOLLOWS:

COMMENCING SUNDAY JANUARY 8, 2017, FATHER SHALL HAVE SUPERVISED PHYSICAL CUSTODY OF THE CHILD CHRISTIAN VALENTIN, BORN JULY 10, 2007, FROM/2:30 P.M. TO 4:30 P.M/ AND EVERY OTHER SUNDAY THEREAFTER, AT THE FAMILY COURT NURSERY, LOCATED ON THE SECOND FLOOR, 1501 ARCH STREET, PHILADELPHIA PA. ALL PARTIES ARE TO APPEAR FIFTEEN (15) MINUTES EARLY WITH A COPY OF THIS ORDER AND PHOTO IDENTIFICATION.

IF FATHER MISSES TWO (2) CONSECUTIVE VISITS HIS SUPERVISED PHYSICAL CUSTODY SHALL BE SUSPENDED PENDING FURTHER ORDER OF COURT.

NOTICE OF INTENT TO RELOCATE: NO PARTY MAY MAKE A CHANGE IN THE RESIDENCE OF ANY CHILD WHICH SIGNIFICANTLY IMPAIRS THE ABILITY OF THE OTHER PARTY TO EXERCISE CUSTODIAL RIGHTS WITHOUT FIRST COMPLYING WITH ALL THE APPLICABLE PROVISIONS OF 23 PA C.S. 5337 AND PA. R.C.P. NO 1915.17 REGARDING RELOCATION.

BY THE COURT:

HONORABLE DANIEL SULMAN J.

OR622 \\ REV 9/05

Page 1 of 2

# Exhibit B

Police incented report
D.C. no. 17-09-10325
2 pages

# Exhibit B

Police incented report

D.C. no. 17-09-10325

2 pages

COMPLAINT OR INCIDENT REPORT  FOR 100325 0 100325 0 3-19-17	
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# **Exhibit**

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<u>City of Philadelphia, 9<sup>th</sup> District, Police Department, Property Receipt</u>
<u>and</u>

City of Philadelphia, 9th District, Police Department, Desk Supervisor bag no.

<u>5698</u>

2 pages

PROPERTY RECEIPT  LOST AND FOUND  ADDRESS  FOR INVESTIGATION  WIER (I//Khown)  ADDRESS  WORKS AFEKEERING  ADDRESS  ADDRE	ACE SEX TIME  TOATE TIME  LAGUUSER FEE REQUESTED  LAGUUSER FEE REQUESTED  LAGUUSER FEE REQUESTED  LAGUUSER FEE REQUESTED	DISTRICTIONS SUNTY SERVICES  PROPERTY OF THE P
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above, and will constitute	the release of the	e City of Philadelphia	and its agencies from a	ny and all fu	iture responsil	bility theref	or.
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POLICE DEPARTMENT

# Exhibit D

<u>Hahnemann University Hospital, emergency room</u>

<u>Intake and discharge report</u>

<u>5 pages</u>

# Hahnemann University Hospital

230 N. Broad Street Philadelphia, PA 19102-1121 Phone: 2157627000

## Patient Education & Visit Summary

### PERSON INFORMATION

Name: VALENTIN, JONATHAN

Address: 1110 ELBRIDGE ST PHILADELPHIA PA 19111-5520 Phone: 2152149431

DOB: 09/22/1982 MRN: 1071296 Acet#: 76066091

Arrival Time: 03/19/2017 17:28:00 Discharge Time:

VISIT INFORMATION

Presenting Complaint: pt reports he has a sharp pain running down the right side of his neck and down his right shoulder that started today at that custody court house, reprots he was shakened

Patient Diagnosis: Contusion of knee; Neck pain; Shoulder sprain

Primary Care Provider: NO DOCTOR PCP, PCP

Primary Physician: MORRIS-MCMULLEN CRNP, MILLICENT

Allergy Info: NKA

Discharge Location:

FOLLOW-UP WITH:

With: Address: When:

Drexel Orthopedics 216 N Broad St Philadelphia, PA Within 3-5 days

Clinic-Philadelphia, PA 19102

03/19/2017 21:36:16

(215)762-2663 Business (1)

Comments:

Recheck today's complaints

Name: VALENTIN, JONATHAN 1 of 21

MRN: 1071296

With:

Address:

When:

Return to ED for worsening of

symptoms.

Within 1-2 days

Comments:

Recheck today's complaints

With:

Address:

When:

Follow up with Specialist

Within 1-2 days

Comments:

Recheck today's complaints

With:

Address:

When:

PCP NO DOCTOR

BROAD & VINE STREET
PHILADLEPHIA, PA 19102

Within 1-2 days

If you should have <u>any</u> difficulty making arrangements, please call the Emergency Department. If you have a problem and are not able to contact your primary care provider, you may return to the Emergency Department at any time.

## PATIENT EDUCATION INFORMATION GIVEN:

Shoulder Rehab Exercises-SportsMed; Shoulder Pain, Easy-to-Read; Muscle Strain, Easy-to-Read; RICE for Routine Care of Injuries, Easy-to-Read; Contusion, Easy-to-Read; Shoulder Sprain

# IMMUNIZATIONS:

## MAJOR TESTS AND PROCEDURES:

Laboratory Orders
No laboratory orders were placed.

Name: VALENTIN, JONATHAN MRN: 1071296

2 of 21

03/19/2017 21:36:16

#### **Radiology Orders**

Name **Status** 

CT Spine

Cervical W/O

**InProcess** 

Contrast

XR Knee 4 View InProcess Minimum Right

XR Shoulder

Complete Min 2 InProcess

Views Right

**Cardiology Orders** 

No cardiology orders were placed.

**Order Name Order Details** 

Discharge To: Home

Discharge Diet: Resume Home Diet

Discharge

Patient Discharge Activity: Resume Home Activity

> Special Instructions: Follow-up with primary doctor as discussed. Return to ED for worsening of symptoms

Name: VALENTIN, JONATHAN

MRN: 1071296

#### **MEDICATIONS:**

Your discharge prescriptions may be printed, or transmitted electronically to the pharmacy. If there are any issues with your prescriptions, please call the Emergency Department. If you received a prescription for medication(s) today it is important that when you fill this you let the pharmacists know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medication including the prescriptions you may receive today.

#### **Additional Medications**

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cyclobenzaprine (Flexeril 10 mg oral tablet) 1	tab, Oral,	Three	times a	a day,	may	cause	drowsiness	5 day,
As Needed, Muscle Pain, Refills: 0								
Last Dose Given Take n	ext dose							
ibuprofen (ibuprofen 600 mg oral tablet) 1 tak				ay, no	t to	exceed	3200 mg/d	ау
with food or milk, 14 day, As Needed, as neede	d for pair	n, Refill	s: 0					
Last Dose Given Take n	next dose							

4 of 21

Name: VALENTIN, JONATHAN

MRN: 1071296

#### FINAL ACTIVE MEDICATION LIST:

We have provided this final list of active medications as a courtesy so that you can easily update your home records and provide to your physician(s). These are the only medications that you should be taking.

cyclobenzaprine (Flexeril 10 mg oral tablet) 1 tab, Oral, Three times a day, may cause drowsiness, 5 day, As Needed, Muscle Pain, Refills: 0

ibuprofen (ibuprofen 600 mg oral tablet) 1 tab, Oral, Three times a day, not to exceed 3200 mg/day with food or milk, 14 day, As Needed, as needed for pain, Refills: 0

Please review carefully and let us know if you have any questions or concerns. Take only the medications listed above. Contact your primary care provider prior to taking any medications NOT on this list.

Name: VALENTIN, JONATHAN MRN: 1071296 5 of 21

03/19/2017 21:36:16

# Exhibit

Philadelphia County Sheriff's Department complaint application

<u>5 pages</u>



### OFFICE OF THE SHERIFF

#### **CITY & COUNTY OF PHILADELPHIA**

Land Title Building 100 South Broad Street, 5<sup>th</sup> Floor, Philadelphia, PA 19110 The Honorable Jewell Williams, Sheriff

### **REAL ESTATE CONSTITUENT REPORT**

DATE OF CALL: 4/13/2017	TIME: <u>4<i>PM</i></u>
REFERRED BY:	BOOK/WRIT#
<u>CONSTITUENT INFO</u>	<u>DRMATION:</u>
NAME: Josepha Volendin	CONTACT TELE.# <u>AIS-AI4-943</u> /
ADDRESS: 1110 = 16ridge = of Philo. P.	A. E-MAIL: Janoshaultu@Adlcom
CONSTITUENT II	NQUIRY
Status of Property Deed Matter Workshop Inq	Liability Matter uiry <u>৺</u> Other: <u>Police আহতে</u> এএ-
BRIEF DESCRIPTION OF PROBLEM  ON March 19 2017; Sur  Philadelphia Family Cours	
Philosolelphia Formily cours	- house on 1501 Archal
RESOLUTION: Still unesolved	officer.
REFERRED TO FOR FURTHER RESOULTION /COMPLE	TION:
Initial Constituent Inquiry Received By:	Date of Service(s) - 508-04/13/17
Constituent Matter Handled By:	
Constituent Matter Resolved By:	
PLEASE MAINTAIN ALL FILES, REPORTS A	AND FORMS REGARDING CASE

All Completed Forms should be returned to:

**RICK TYER** 

REVISED: April 3, 2017 FORM: Real Estate Constituency Form Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 42 of 116-

#### Intake Form Questionnaire:

Last name, first name:	Valentin Jonathan
Date:	03/26/2017
Address:	1110 Elbridge 50.
	Phila. P.A. 19111
Home telephone:	215-214-9431/267-591-8204
Work telephone:	
Cell phone:	
Home e-mail address:	Jonathan Vitu & Rol-coin
Best time to call:	Evening
Your age:	34
Date of Birth:	09/22/1982
Your salary or hourly rate of pay:	NÁ
经电影 化工工 经国际工程 医氯 电电流 电电影电话记忆	

Describe how you feel your rights were violated or explain the issue about which you are concerned:

On March 19 Sunday 2017 1 was attacked by a Shoriff's Department police officer Turide the custody Court house on 1501 Arch 5d. Phila PA Center Sity South Philadelphia location. The officer's bag number is 609 and his name is Murphy. This happened during my supervised custody appointment sometime around 3 pm. I showed up 20 minutes late after calling the court house and my sometimes to matter to inform them and the court matter to inform them and the court

employees told my souls mother she had to leave. I met with my souls mother Rebbecca lung Nardrobatista and my son Christian James Valenti outside of the court house and after speaking with theur with the court staff At this time the officer has number 600, last name Murphy came over to releave the court entiployees from the sing in booth. I asked if I could please still See my son eluning my visiting hours -My visiting hours are From 2-30pm till 4.30 pm every other Sunday, case identification number OC1001002. The OFFicer began to make fun of me in Front of my son. I galed him for his bag much or their he attacked me and placed under allest. I was sent to the hospital's ER due to a need injury and charged with assulting a police officer The charges were droped and I was sent home with medication. one week since the attack took place and my neck injury is increase in pain- I have to go to my Doctor For an MRI and for treatment, please help thankboy I was placed in a chock hold and thrown into a wall then on the floor, all while holding my book bag. This happened in Front of Several comeras inside and outside of the court house.

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Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 45 of 116

## **Exhibit**

March 21st, 2017 through June 12th, 2017

medical history report

14 pages

MEDICAL RECORD NUMBER \*101355604\*

PCM-Center One (215) 827-1666 195

VALENTIN, JONATHAN PATIENT NAME:

03/21/17

DOB: 09/22/82 AGE: 34 Years

....

PREFERRED PHONE: (215) 214-9431

ADMIT DATE:

HGT / WT: 175 cm/74.933 kg

SEX: Male

ALLERGIES: No Known Allergies

#### ORDER: REFERRAL

ORDER DATE/TIME: ORDERING MD: ORDER ENTERED BY: ORDER NUMBER:

03/21/17 14:32 Spence DO, Robin Spence DO, Robin 1881073177

Requested Start Date/Time

03/21/17 14:32:00 EDT

**Priority** 

Routine Spine Institute

Provider Group Reason For Referral

Cervical Neck and Bilateral shoulder pain and decreased ROM

**Evaluate And Treat** 

Practice Name

Einstein Spine Institute

Practice Phone Number

215-456-4716

Spence DO, Robin (E-Sig.) License Number #: NPI#: 1245410836

Bendoni

ORDER REFERRAL

REFERRALREQ



#### Visit Summary for VALENTIN, JONATHAN

We would like to thank you for allowing us to assist you with your healthcare needs. Our entire staff strives to provide an excellent experience for our patients and their families. The following includes information regarding your visit.

#### Visit Information

**PCM-Center One** 

9880 Bustleton Ave Philadelphia, PA, 19115

Phone: (215) 827-1666 Fax: --

Visit Date: 03/21/2017 3:40 PM

Scheduled Provider: Spence, Robin, MD

#### Diagnoses This Visit

Acute pain of both shoulders (M25.511)

Cervical pain (neck) (M54.2)

Contusion of right knee (\$80.01XA)

Disorder of left rotator cuff (M67.912)

Disorder of right rotator cuff (M67.911)

Sprain of cervical neck (S13.9XXA)

#### **Allergies**

No Known Allergies

#### Medications

No Medications Documented

#### **Immunizations**

No Immunizations Documented This Visit

Name: VALENTIN, JONATHAN DOB: 9/22/1982 FIN: 35046473

03/21/2017 14:40:23

Co			

**Orders** 

#### Vital Signs This Visit;

Temperature -

Blood Pressure (Sys/Dia): 110 mmHg / 80 mmHg

#### Measurements This Visit:

Height/Length (inches): 69 in

Weight (pounds):

**Body Mass Index:** 

No future appointments scheduled

Patient Education Materials Provided this Visit:

Name: VALENTIN, JONATHAN DOB: 9/22/1982 FIN: 35046473

#### Please Tell Us How We're Doing

We want to know what you think! If you get an email or phone survey about your visit, please take a few minutes to complete the short, anonymous questionnaire so we can continue our efforts to get even better at what we do. Thank you for choosing Einstein!

#### What Is a MY Einstein Health Patient Portal?

It is a free and secure, password protected web-based site called a "portal" that gives you access to your Einstein Healthcare Network medical records including:

- your recent visits
- prescriptions
- lab results
- conditions
- immunization records
- medical procedures and discharge instructions

#### How Do I Get Access to MY Einstein Health?

To get started with enrollment to your My Einstein Health, ask your health care provider to register you at your next appointment or admission to an Einstein facility. Currently, My Einstein Health registration requires an in-person visit to an Einstein Healthcare facility (hospital, doctor offices, out-patient centers, etc.) for security purposes. Creating your account will give you secure, password protected access to your health information and medical records.

How to complete access to your MY Einstein Health patient portal?

After you have registered, you will receive an email initiation with further instructions to complete your MY Einstein Health account.

If you do not see the email, be sure to check your SPAM folder!

You can also download the HealtheLife app on either your Android or iOS Device.

We look forward to providing you with better access to your healthcare information through this convenient and secure tool.

If you have any questions in signing up or accessing your secure MY Einstein Health patient portal, please call 1-877-621-8014.

\*\* Einstein Healthcare Network's electronic medical record vendor, Cerner Corporation, uses IQ Health to provide MY Einstein Health

www.einstein.edu 1-800-EINSTEIN (346-7834)

Name: VALENTIN, JONATHAN DOB: 9/22/1982 FIN: 35046473

03/21/2017 14:40:23



#### Visit Summary for VALENTIN, JONATHAN

We would like to thank you for allowing us to assist you with your healthcare needs. Our entire staff strives to provide an excellent experience for our patients and their families. The following includes information regarding your visit.

#### **Visit Information**

**ORT-Elkins Park** 

60 E Township Line, Ground Floor Elkins Park, PA, 19027 Phone: (215) 663-6800 Fax: - 2.5-663-6865

Visit Date: 03/31/2017 1:30 PM

Scheduled Provider: Williams, Eric, MD

#### **Diagnoses This Visit**

Cervical myelopathy with cervical radiculopathy (M47.12)

#### **Allergies**

No Known Allergies

#### Medications

#### Prescription sent to:

cyclobenzaprine (cyclobenzaprine 10 mg oral tablet) 1 tab(s), Oral, 3 times a day, As Needed, as needed for muscle spasm, Refills: 0

methylPREDNISolone (Medrol Dosepak 4 mg or al tablet) 1 packet(s), Oral, once, as directed on package labeling, Refills: 0

#### **Immunizations**

No Immunizations Documented This Visit

Name: VALENTIN, JONATHAN DOB: 9/22/1982 FIN: 35076227

03/31/2017 14:03:25

1 of 3

C	u.	111	1411	 LL

#### Orders

MRI C Spine w/o Contrast 03/31/17, Once, Routine, Reason: cervical myeolpathy, radiculopathy, History: Arm pain, weakness, Pregnant: Unknown, Cervical disc disorder with radiculopathy, Rad Type, MREP

#### Vital Signs This Visit:

Temperature -

Blood Pressure (Sys/Dia): /

#### Measurements This Visit:

Height/Length (inches): 69 in

Weight (pounds):

**Body Mass Index:** 

Phone: - Fax: -

Appt. Date: 03/31/2017 01:20:00 pm Scheduled Provider: MREP GD RAD

Patient Education Materials Provided this Visit:

Name: VALENTIN, JONATHAN DOB; 9/22/1982

FIN: 35076227

03/31/2017 14:03:25

Please vell Us How We're Doing

We want to know what you think! If you get an email or phone survey about your visit, please take a few minutes to complete the short, anonymous questionnaire so we can continue our efforts to get even better at what we do. Thank you for choosing Einstein!

What Is a MY Einstein Health Patient Portal?

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- your recent visits
- prescriptions
- lab results
- conditions
- immunization records
- medical procedures and discharge instructions

How Do I Get Access to MY Einstein Health?

To get started with enrollment to your My Einstein Health, ask your health care provider to register you at your next appointment or admission to an Einstein facility. Currently, My Einstein Health registration requires an in-person visit to an Einstein Healthcare facility (hospital, doctor offices, out-patient centers, etc.) for security purposes. Creating your account will give you secure, password protected access to your health information and medical records.

How to complete access to your MY Einstein Health patient portal?

After you have registered, you will receive an email initiation with further instructions to complete your MY Einstein Health account.

If you do not see the email, be sure to check your SPAM folder!

You can also download the HealtheLife app on either your Android or iOS Device.

We look forward to providing you with better access to your healthcare information through this convenient and secure tool.

If you have any questions in signing up or accessing your secure MY Einstein Health patient portal, please call 1-877-621-8014.

\*\* Einstein Healthcare Network's electronic medical record vendor, Cerner Corporation, uses IQ Health to provide MY Einstein Health

www.einstein.edu 1-800-EINSTEIN (346-7834)

Name: VALENTIN, JONATHAN DOB: 9/22/1982 FIN: 35076227

03/31/2017 14:03:25

3 of 3

MEDICAL RECORD NUMBER \*101355604\*

**ORT-Elkins Park** (215) 663-6800

PATIENT NAME: VALENTIN, JONATHAN DOB: 09/22/82 AGE: 34 Years

PREFERRED PHONE: (215) 214-9431

05/12/17

HGT/WT: 175 cm/74 kg SEX: Male

ALLERGIES: No Known Allergies

#### ORDER: REFERRAL

ORDER DATE/TIME:

ADMIT DATE:

05/12/17 15:29

ORDERING MD: ORDER ENTERED BY: ORDER NUMBER:

WILLIAMS MD, ABOS, ERIC A WILLIAMS MD, ABOS, ERIC A

1973752753

Requested Start Date/Time

05/12/17 15:29:00 EDT

Priority

Routine

Provider Group

Physical Therapy

Reason For Referral

Cervical myofascial syndrome. C6-7 foraminal stenosis

Preliminary Diagnosis

Yes

**Evaluate And Treat** 

2-3 Times per Week for 6-12 weeks

Special Instructions

Neck, bilateral shoulder and periscapular strengthening exercises

Practice Name

Orthopedics

WILLIAMS MD, ABOS, ERIC A (E-Sig.)

License Number #: MD068173L

NPI#: 1992763445

ORDER REFERRAL

REFERRALREQ



#### Visit Summary for VALENTIN, JONATHAN

We would like to thank you for allowing us to assist you with your healthcare needs. Our entire staff strives to provide an excellent experience for our patients and their families. The following includes information regarding your visit.

#### Visit Information

#### **ORT-Elkins Park**

60 E Township Line, Ground Floor Elkins Park, PA, 19027

Phone: (215) 663-6800 Fax: --

Visit Date: 05/12/2017 1:00 PM

Scheduled Provider: Williams, Eric, MD

#### Diagnoses This Visit

Cervical disc disorder with radiculopathy (M50.10) Cervical myofascial pain syndrome (M79.1)

#### **Allergies**

No Known Allergies

#### Medications

#### Prescription sent to:

cyclobenzaprine (cyclobenzaprine 10 mg oral tablet) 1 tab(s), Oral, 3 times a day, As Needed, as needed for muscle spasm, Refills: 0

cyclobenzaprine (cyclobenzaprine 10 mg oral tablet) I tab(s), Oral, 3 times a day, As Needed, as needed for muscle spasm, Refills: 0

methylPREDNISolone (Medrol Dosepak 4 mg oral tablet) 1 packet(s), Oral, once, as directed on package labeling, Refills: 0

#### Other Medications

Name: VALENTIN, JONATHAN DOB: 9/22/1982 FIN: 35141685

05/12/2017 15:38:38

1 of 3

ibuprofen (ibuprofen 600 mg oral tablet), Refills: 0

#### **Immunizations**

No Immunizations Documented This Visit

#### Comment

#### **Orders**

#### Vital Signs This Visit:

Temperature -

Blood Pressure (Sys/Dia): /

#### Measurements This Visit:

Height/Length (inches): 69 In

Weight (pounds): 163 lb

Body Mass Index: 24.2 kg/m2

No Scheduled Appointments

Patient Education Materials Provided this Visit:

Name: VALENTIN, JONATHAN DOB: 9/22/1982 FIN: 35141685

#### Please Tell Us How We're Doing

We want to know what you think! If you get an email or phone survey about your visit, please take a few minutes to complete the short, anonymous questionnaire so we can continue our efforts to get even better at what we do. Thank you for choosing Einstein!

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- your recent visits
- prescriptions
- lab results
- conditions
- immunization records
- medical procedures and discharge instructions

#### How Do I Get Access to MY Einstein Health?

To get started with enrollment to your My Einstein Health, ask your health care provider to register you at your next appointment or admission to an Einstein facility. Currently, My Einstein Health registration requires an in-person visit to an Einstein Healthcare facility (hospital, doctor offices, out-patient centers, etc.) for security purposes. Creating your account will give you secure, password protected access to your health information and medical records.

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You can also download the HealtheLife app on either your Android or iOS Device.

We look forward to providing you with better access to your healthcare information through this convenient and secure tool.

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\*\* Einstein Healthcare Network's electronic medical record vendor, Cerner Corporation, uses IQ Health to provide MY Einstein Health

www.einstein.edu 1-800-EINSTEIN (346-7834)

Name: VALENTIN, JONATHAN DOB: 9/22/1982 FIN: 35141685

05/12/2017 15:38:38

3 of 3



#### Visit Summary for VALENTIN, JONATHAN MRN 101355604

We would like to thank you for allowing us to assist you with your healthcare needs. Our entire staff strives to provide an excellent experience for our patients and their families. The following includes information regarding your visit.

#### Visit Information

PCM-Center One 9880 Bustleton Ave Philadelphia, PA, 19115

Phone: (215) 827-1666 Fax:---

Visit Date: 06/12/2017 10:40 AM

Scheduled Provider: Spence, Robin, MD

#### Diagnoses This Visit

Cervical disc disorder with radiculopathy (M50.10)
Cervical myelopathy with cervical radiculopathy (M47.12)
Cervical myofascial pain syndrome (M79.1)
Encounter for circumcision (Z41.2)

#### Allergies

No Known Allergies

#### Medications

#### Prescription sent to:

cyclobenzaprine (cyclobenzaprine 10 mg oral tablet) 1 tab(s), Oral, 3 times a day, As Needed, as needed for muscle spasm, Refills: 0

cyclobenzaprine (cyclobenzaprine 10 mg oral (ablet) 1 tab(s), Oral, 3 times a day, As Needed, as needed for muscle spasm, Refills: 0

lidocaine topical (CidalEaze 3% topical cream) 1 app, Topical, 3 times a day, As needed for muscle pain and spasms., 5 day(s), Refills: 1

Name: VALENTIN, JONATHAN DOB: 9/22/1982 FIN: 35386965

06/12/2017 11:14:35

1 of 3

methyIPREDNISolone (Medrol Dosepak 4 mg oral tablet) 1 packet(s), Oral, once, as directed on package labeling, Refills: 0

Other Medications

ibuprofen (ibuprofen 600 mg oral tablet), Refills: 0

#### **Immunizations**

No Immunizations Documented This Visit

#### Comment

Orders

Vital Signs This Visit:

Temperature - 98.8 DegF

Blood Pressure (Sys/Dia): 119 mmHg/77 mmHg

Measurements This Visit:

Height/Length (inches): 69 in

Weight (pounds): 164.8 lb

Body Mass Index: 24.4 kg/m2

No Scheduled Appointments

Patient Education Materials Provided this Visit:

Name: VALENTIN, JONATHAN DOB: 9/22/1982 FIN: 35386965

#### Please Tell Us How We're Doing

We want to know what you think! If you get an email or phone survey about your visit, please take a few minutes to complete the short, anonymous questionnaire so we can continue our efforts to get even better at what we do. Thank you for choosing Einstein!

What Is a MY Einstein Health Patient Portal?

It is a free and secure, password protected web-based site called a "portal" that gives you access to your Einstein Healthcare Network medical records including:

- your recent visits
- prescriptions
- lab results
- conditions
- immunization records
- medical procedures and discharge instructions

#### How Do I Get Access to MY Einstein Health?

To get started with enrollment to your My Einstein Health, ask your health care provider to register you at your next appointment or admission to an Einstein facility. Currently, My Einstein Health registration requires an in-person visit to an Einstein Healthcare facility (hospital, doctor offices, out-patient centers, etc.) for security purposes. Creating your account will give you secure, password protected access to your health information and medical records.

How to complete access to your MY Einstein Health patient portal?

After you have registered, you will receive an email initiation with further instructions to complete your MY Einstein Health account.

If you do not see the email, be sure to check your SPAM folder!

You can also download the HealtheLife app on either your Android or iOS Device.

We look forward to providing you with better access to your healthcare information through this convenient and secure tool.

If you have any questions in signing up or accessing your secure MY Einstein Health patient portal, please call 1-877-621-8014.

\*\* Einstein Healthcare Network's electronic medical record vendor, Cerner Corporation, uses IQ Health to provide MY Einstein Health

www.einstein.edu 1-800-EINSTEIN (346-7834)

Name: VALENTIN, JONATHAN DOB: 9/22/1982

FIN: 35386965

06/12/2017 11:14:35

3 of 3

Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 61 of 116

# **Exhibit**

G

Social security disability claim, final date of judgment

4 pages

Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 62 of 116 Form Approved SOCIAL SECURITY ADMINISTRATION OMB No. 0960-0277 REQUEST FOR REVIEW OF HEARING DECISION/ORDER (Do not use this form for objecting to a recommended ALJ decision.) See (Either mail the signed original form to the Appeals Council at the address shown below, or take or mail the signed original to your local Social Security office, the Department of Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service Post and keep a copy for your records.) **Privacy Act** Notice 1. CLAIMANT NAME 3. CLAIM NUMBER (If different than SSN) 2. CLAIMANT SSN Jonathan Valentin 596-18-2132 596-18-2132 4. I request that the Appeals Council review the Administrative Law Judge's action on the above claim because: Claimant has not been medically cleared to return to work. | Please grant me an extension of time to submit evidence or argument. ADDITIONAL EVIDENCE If you have additional evidence that relates to the period on or before the date of the hearing decision, you must inform the Appeals Council about it or submit it. If you have a representative, then your representative must help you obtain the evidence unless the evidence falls under an exception. You may also submit any other additional evidence to the Appeals Council. If you need additional time to submit evidence or legal argument, you must request an extension of time in writing now. This will ensure that the Appeals Council has the opportunity to consider the additional evidence before taking its action. If you submit neither evidence nor legal argument now or within any extension of time the Appeals Council grants, the Appeals Council will take its action based on the evidence currently in your file. IMPORTANT: WRITE YOUR SOCIAL SECURITY NUMBER ON ANY LETTER OR MATERIAL YOU SEND US. IF YOU RECEIVED A BARCODE FROM US, THE BARCODE SHOULD ACCOMPANY THIS DOCUMENT AND ANY OTHER MATERIAL YOU SUBMIT TO US. SIGNATURE BLOCKS: You should complete No. 5 and your representative (if any) should complete No. 6. If you are represented and your representative is not available to complete this form, you should also print his or her name, address, etc. in No. 6. I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. 5. CLAIMANT'S SIGNATURE DATE REPRESENTATIVE'S SIGNATURE DATE 07/29/2019 N/A NA PRINT NAME PRINT NAME X ATTORNEY NON-ATTORNEY Jonathan Valentin N/A-N/A **ADDRESS** CITY, STATE, ZIP **ADDRESS** CITY, STATE, ZIP 1110 Elbridge St. Philadelphia, PA. 19111 N/A TELEPHONE NUMBER **FAX NUMBER** TELEPHONE NUMBER FAX NUMBER 215-214-9431 N/A N/A N/A THE SOCIAL SECURITY ADMINISTRATION STAFF WILL COMPLETE THIS PART 7. Request received for the Social Security Administration on (Date) (Print Name) (Title) (Address) (Servicing FO Code) (PC Code) 8. Is the request for review received within 65 days of the ALJ's Decision/Dismissal? Yes No (1) attach claimant's explanation for delay; and 9 If "No" (2) attach copy of appointment notice, letter or other pertinent material or information in the checked: Social Security Office. 10. Check one: 11. Check all claim types that apply: Retirement or survivors

FALLS CHURCH, VA 22041 - 3255 Form HA-520-U5 (01-2016) UF (01-2016) **Destroy Prior Editions** 

APPEALS COUNCIL

AND REVIEW, SSA

5107 Leesburg Pike

Initial Entitlement

OFFICE OF DISABILITY ADJUDICATION

Termination or other

TAKE OR SEND ORIGINAL TO SSA AND RETAIN A COPY FOR YOUR RECORDS

Disability-Worker

Disability-Child

SSI Aged

SSI Blind

SSI Disability

Title VIII Only

Title VIII/Title XVI

Other - Specify:

Disability-Widow(er)

(RSI)

(DIWC)

(DIWW)

DIWC

(SSIA)

(SSIB)

(SSID)

(SVB)

(SVB/SSI)

#### Social Security Administration OFFICE OF APPELLATE OPERATIONS

#### ORDER OF APPEALS COUNCIL

CLAIM FOR
Period of Disability
Disability Insurance Benefits
596-18-2132
(Social Security Number)

The Appeals Council has received additional evidence which it is making part of the record. That evidence consists of the following exhibits:

Exhibit 14B Request for Review of Hearing Decision, dated

July 29, 2019 (5 pages)

Exhibit 19E Claimant Correspondence, dated October 1, 2019

(28 pages)

Claimant Correspondence, undated (4 pages) Exhibit 20E

Date: August 14, 2020



Jonathan Valentin (596-18-2132)

Page 2 of 3

on or before the date of the hearing decision. You must also show there is a reasonable probability that the additional evidence would change the outcome of the decision. You must show good cause for why you missed informing us about or submitting it earlier.

#### Additional Evidence

You submitted various utility and tax bills dated March 8, 2019 to July 10, 2019 (22 pages); and a police report dated February 20, 2015 (3 pages). This evidence is not material because it is not relevant to your claim for disability. We did not exhibit this evidence.

You also submitted medical evidence from Hahnemann Hospital dated March 19, 2017 (6 pages). We find this evidence does not show a reasonable probability that it would change the outcome of the decision. We did not exhibit this evidence.

#### If You Disagree With Our Action

If you disagree with our action, you may ask for court review of the Administrative Law Judge's decision by filing a civil action.

If you do not ask for court review, the Administrative Law Judge's decision will be a final decision that can be changed only under special rules.

#### How to File a Civil Action

You may file a civil action (ask for court review) by filing a complaint in the United States District Court for the judicial district in which you live. The complaint should name the Commissioner of Social Security as the defendant and should include the Social Security number(s) shown at the top of this letter.

You or your representative must deliver copies of your complaint and of the summons issued by the court to the U.S. Attorney for the judicial district where you file your complaint, as provided in rule 4(i) of the Federal Rules of Civil Procedure.

You or your representative must also send copies of the complaint and summons, by certified or registered mail, to the Social Security Administration's Office of the General Counsel that is responsible for the processing and handling of litigation in the particular judicial district in which the complaint is filed. The names, addresses, and jurisdictional responsibilities of these offices are published in the Federal Register (70 FR 73320, December 9, 2005), and are available on—line at the Social Security Administration's Internet site, <a href="http://policy.ssa.gov/poms.nsf/links/0203106020">http://policy.ssa.gov/poms.nsf/links/0203106020</a>.

You or your representative must also send copies of the complaint and summons, by certified or registered mail, to the Attorney General of the United States, Washington, DC 20530.



Jonathan Valentin (596-18-2132)

Page 3 of 3

#### Time To File a Civil Action

- You have 60 days to file a civil action (ask for court review).
- The 60 days start the day after you receive this letter. We assume you received this letter
   5 days after the date on it unless you show us that you did not receive it within the 5-day period.
- If you cannot file for court review within 60 days, you may ask the Appeals Council to
  extend your time to file. You must have a good reason for waiting more than 60 days to
  ask for court review. You must make the request in writing and give your reason(s) in
  the request.

You must mail your request for more time to the Appeals Council at the address shown at the top of this notice. Please put the Social Security number(s) also shown at the top of this notice on your request. We will send you a letter telling you whether your request for more time has been granted.

#### About The Law

The right to court review for claims under Title II (Social Security) is provided for in Section 205(g) of the Social Security Act. This section is also Section 405(g) of Title 42 of the United States Code.

The right to court review for claims under Title XVI (Supplemental Security Income) is provided for in Section 1631(c)(3) of the Social Security Act. This section is also Section 1383(c) of Title 42 of the United States Code.

The rules on filing civil actions are Rules 4(c) and (i) in the Federal Rules of Civil Procedure.

#### If You Have Any Questions

If you have any questions, you may call, write, or visit any Social Security office. If you do call or visit an office, please have this notice with you. The telephone number of the local office that serves your area is (866) 331-7840. Its address is:

Social Security Administration 9300 Ashton Rd Unit 4 Philadelphia, PA 19114-3531

Isl Eun Sook Chung

Eun Sook Chung Administrative Appeals Judge

Enclosure: Order of Appeals Council

# **Exhibit**

Police witness integratory

**Sheriff Deputy Officer #502** 

5 pages

### Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 67 of 116 IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

JONATHAN VALENTIN,	
Plaintiff,	CIVIL ACTION No. 19-CV-1175
<b>V.</b>	
PHILADELPHIA COUNTY SHERIFF'S	
DEPARTMENT,	
Defendants,	
Police witnes	s Integratory
1) Plaintiff, J.V. would like to establis	sh the officer's identity for the record
2) By requesting confirmation of firs	st and last name in order to eliminate
3) Doubt as to the accuracy of the pr	resent witness testimony on the record
4) Officer's first name,	and last name,
5) Plaintiff would like to also establi	sh the officer's presence at the scene of
6) The incident on the day in question	on in order to rule out any doubt as to
7) The witness account of the events	s on the record.
8) Was Office first name,	and last name,
9) Present at the Philadelphia Famil	y court building on March 19 <sup>th</sup> , 2017?
10) Yes or No .	

11)	Was the Philadelphia Family court building located at 1501 Arch St.
12)	Philadelphia, Pa. 19102 on March 19 <sup>th</sup> , 2017? Yes or No
13)	Plaintiff would like to continue establishing the witness account of the
14)	Incident for the record by requesting Officer first name,
15)	And last name,badge number,
16)	Plaintiff would like to continue by asking Officer first name,
17)	And last name, if she was working alongside Officer
18)	Deputy, Murphy on March 19 <sup>th</sup> , 2017? Yes or No
19)	Additionally, Plaintiff would like to request Officer first name,
20)	And last name, for a brief account explanation of the
21)	Events in question on the day of the incident on the record.
22)	Does Officer, first name, and last name,
23)	Remember Officer Deputy, Murphy approaching Plaintiff, J.V. on March
24)	19 <sup>th</sup> , 2017? Yes or No
25)	Does Officer, first name, and last name,
26)	Remember whether Plaintiff was alone or with other people when
27)	Office Deputy, Murphy first approached Plaintiff, J.V. on March 19th,
28)	2017? Yes or No
29)	Was Plaintiff alone with company when Officer Deputy, Murphy initially

Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 69 of 116 30) Approached his?
31) Does Officer, first name, and last name,
32) Remember what she was doing and where she was in the Philadelphia
33) Family court building when she realized Officer Deputy, Murphy had
34) Initially approached Plaintiff, J.V. on March 19 <sup>th</sup> , 2017? Yes or No
35)
36) What was Officer, first name, and last name,
37)doing when she realized Officer Deputy, Murphy had
38) Approached Plaintiff?
39) Does Officer first name, and last name,
40) Remember why Officer Deputy, Murphy initially approached Plaintiff,
41) J.V. on March 19 <sup>th</sup> , 2017? Yes or No
42) What was the reason for Officer Deputy, Murphy approaching Plaintiff
43) On March 19th, 2017?
44) Does Officer first name, and last name,
45) Remember both Plaintiff, J.V. and Officer Deputy Murphy's demeanor
46) During the incident in question? Yes or No
47) What was Plaintiff and Officer Deputy, Murphy's demeanor during the
48) Incident in question?

### Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 70 of 116

49)	Does Officer first name, and last name,
50)	Remember who Plaintiff, J.V. was with during the incident in question?
51)	Yesor No
52)	Who was Plaintiff with during the incident in question?
53)	Does Officer first name, and last name,
54)	Remember what happened to Plaintiff's company during the incident in
55)	Question? Yes or No
56)	What happened to Plaintiffs company during the incident I question?
57)	
58)	Does Officer first name, and last name,
59)	Remember any special orders given to Plaintiff during the incident in
60)	Question? Yes or No
61)	What special orders was Plaintiff given during the incident in question?
62)	
63)	Does Officer first name, and last name,
64)	Remember Plaintiff attempting to collect any special information from
65)	Officer Deputy, Murphy during the incident in question? Yes or
66)	${\sf No}$ .

67)	"我们是我的意思,我们就是这个问题,这样是要一定,就是我们的,我的时候,我们也不是我的意思,我要是我的,我们就是	Document 33 Filed 06/10/21 was Plaintiff attempting to o	5. 5. 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
68)	Deputy, Murphy during t	ne initial incident in questior	2
69)	Does Officer first name, _	and last name	
70)	Remember the reason for	r Plaintiff. I.V.'s arrest? Yes	or No .

## **Exhibit**

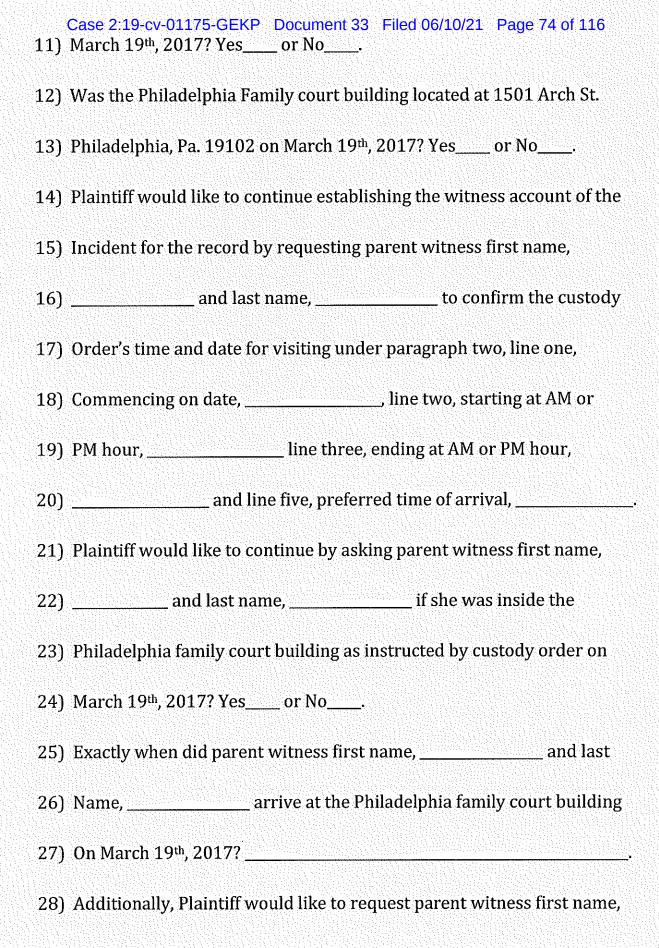
Parent witness Integratory

Plaintiff's childs mother

7 pages

# Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 73 of 116 IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

JONATHAN VALENTIN,	
Plaintiff,	CIVIL ACTION No. 19-CV-1175
V.	
PHILADELPHIA COUNTY SHERII	FF'S
DEPARTMENT,	
Defendants,	
<u>Parent</u>	<u>witness Integratory</u>
1) Plaintiff, J.V. would like to	introduce the witness for the record by
2) establish her identity in or	rder to eliminate doubt as to the accuracy of
3) the parent witness testimo	ony on the record.
4) Parent witness first name,	and last
5) Name,	
6) Plaintiff would like to also	establish the parent witness presence at the
7) Scene of the incident on th	ne day in question in order to rule out any
8) Doubt as to the parent wit	mess account of the events on the record.
	name, and last name,
10)present	at the Philadelphia family court building on



	and last name, for a brief account
30)	Explanation of the events in question on the day of the incident on the
31)	Record.
32)	Does parent witness, first name, and last name,
33)	remember being asked to leave the Philadelphia family
34)	Court building on March 19th, 2017? Yes or No
35)	Where and when in the Philadelphia family court building was parent
36)	Witness first nameon
37)	March 19th, 2017 when she was asked to leave the Philadelphia family
38)	Court building?
39)	Does parent witness first name and last name
40)	remember when and where she was when Plaintiff, J.V.
41)	First Approached her? Yes or No
42)	Where and when was parent witness first name, and
43)	Last name, on March 19 <sup>th</sup> , 2017 when Plaintiff first
44)	Approached her?
45)	Does parent witness first name, and last name,
46)	remember the reason why Plaintiff first approached he

	Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 76 of 116 On March 19 <sup>th</sup> , 2017? Yes or No
48)	What was the reason Plaintiff approached parent witness first name,
49)	and last name, on March 19 <sup>th</sup> , 2017?
50)	
51)	Does parent witness first name, and last name,
52)	remember Officer Deputy, Murphy approaching
53)	Plaintiff, J.V. on March 19 <sup>th</sup> , 2017? Yes or No
54)	Does parent witness first name, and last name,
55)	remember where she was when Office Deputy, Murphy
56)	First approached Plaintiff, J.V. on March 19 <sup>th</sup> , 2017? Yes or No
57)	Where was parent witness first name, and last name,
58)	when Office Deputy, Murphy first approached Plaintiff,
59)	J.V. on March 19 <sup>th</sup> , 2017?
60)	Does parent witness, first name, and last name,
61)	remember what she was when she realized Officer
62)	Deputy, Murphy had initially approached Plaintiff, J.V. on March 19th,
63)	2017? Yes or No
64)	What was parent witness first name, and last name,

<b>۷</b> ۳)	Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 77 of 116 doing when Officer Deputy, Murphy first approached
رده	doing when officer Deputy, Murphy first approached
66)	Plaintiff, J.V. on March 19th, 2017?
67)	Does parent witness first name, and last name,
68)	remember why Officer Deputy, Murphy initially
69)	Approached Plaintiff, J.V. on March 19 <sup>th</sup> , 2017? Yes or No
70)	What was reason Office Deputy, Murphy initially approached Plaintiff,
71)	J.V. on March 19 <sup>th</sup> , 2017?
72)	Does parent witness first name, and last name,
73)	remember both Plaintiff, J.V. and Officer Deputy,
74)	Murphy's demeanor during the incident in question? Yes or No
75)	What was the demeanor of both Plaintiff, J.V. and Office Deputy, Murphy
76)	During the initial incident?
77)	Does parent witness first name, and last name,
78)	remember why she left the building during the initial
79)	Incident in question? Yes or No
80)	Why did parent witness first name, and last name,
81)	leave the building during the initial incident in
82)	Question?

	Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 78 of 116
83)	Does parent witness first name, and last name,
847	remember Plaintiff attempting to collect any special
OTI	Temember riamum accompting to concectary special
85)	Information from Officer Deputy, Murphy during the incident in
86)	Question? Yes or No
87)	What special information was Plaintiff attempting to collect from Officer
88)	Deputy, Murphy during the incident in question?
89)	
<i>"</i>	
90)	Does parent witness first name, and last name,
01)	remember the reason for Plaintiff, J.V.'s arrest? Yes
フエリ	
92)	Or No

# **Exhibit**

Philadelphia Gas Work

Shut off notice

3 pages

Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 80 of 116

	MEDICAL	Philadelphia Gas Works	ON FORM
V USE ONLY:			
্ৰি Service is now ০১	Service is now Off	Medical Certification	Application Date: Aug 15, 2017
Cart Date:	Rejected	M1 M2 M2 End Date:	]M3
Account #:0005-7915-92	17	*Doctor's Name	: <del>Dr. Enc Williams</del>
Customer of Record Name	: Jonathan Valentin	*Doctor's Fax N₁	umber: <del>L1 (215) 663 6865</del>
Address: 1110 E Elbridge Si		*Doctor's Office	· Number: <b>≠1-<del>(215) 663≐6800</del></b>
Philadeiphia PA: 19111		THE SECTION BE MEDICAL PROTI	ELOW IS TO BE COMPLETED BY THE CUSTOMER OR APPLICANT FOR
ustomer's Phone Numbe		If you are a to	enant and the delinquent gas bill is in your landlord's na
Please check the best time enter your telephone numb	en e		ame, address and phone number(s) below:
*Day# +1 (215) 21	14-9431	Name: Address:	
EvenIng#		Address:	
IGNED BY A LICENSED PHY	TERMINATED IN SEVEN DAYS UNLE:	HYSICIAN'S ASSISTANT AND SUBMITTED	G THE SAME REQUIRED INFORMATION IS COMPLETED AND O TO THE PHILADELPHIA GAS WORKS AT THE ADDRESS OR F
OUR GAS SERVICE MAY BE IGNED BY A LICENSED PHY IUMBER PROVIDED BELOW O RESTORE THE GAS SERVI	TERMINATED IN SEVEN DAYS UNLE: SICIAN, NURSE PRACTITIONER OR PI L. IF YOUR GAS SERVICE IS CURRENT!	SS THIS FORM OR A LETTER CONTAINING HYSICIAN'S ASSISTANT AND SUBMITTED LY OFF, THIS CERTIFICATION FORM OR A	G THE SAME REQUIRED INFORMATION IS COMPLETED AND O TO THE PHILADELPHIA GAS WORKS AT THE ADDRESS OR F A LETTER CONTAINING THE SAME INFORMATION MAY BE US
OUR GAS SERVICE MAY BE IGNED BY A LICENSED PHY IUMBER PROVIDED BELOW O RESTORE THE GAS SERVI HAT A MEDICAL EMERGEN	TERMINATED IN SEVEN DAYS UNLE: SICIAN, NURSE PRACTITIONER OR PI , IF YOUR GAS SERVICE IS CURRENTI ICE ONCE COMPLETED BY A LICENSE CY EXISTS AT THE PROPERTY.  THIS SECTION MUST BE COMPLE BY THAT IN MY PROFESSIONAL OPIN	SS THIS FORM OR A LETTER CONTAINING HYSICIAN'S ASSISTANT AND SUBMITTED LY OFF, THIS CERTIFICATION FORM OR A ED PHYSICIAN, NURSE PRACTITIONER OF TED BY A LICENSED PHYSICIAN, PHYSICIAN ION, THE FOIL OWING PERSON, WHO IS.	G THE SAME REQUIRED INFORMATION IS COMPLETED AND O TO THE PHILADELPHIA GAS WORKS AT THE ADDRESS OR F A LETTER CONTAINING THE SAME INFORMATION MAY BE US R PHYSICIAN'S ASSISTANT AND SUBMITTED TO PGW CERTIF
OUR GAS SERVICE MAY BE IGNED BY A LICENSED PHY IUMBER PROVIDED BELOW O RESTORE THE GAS SERVI HAT A MEDICAL EMERGEN	TERMINATED IN SEVEN DAYS UNLE: SICIAN, NURSE PRACTITIONER OR PI , IF YOUR GAS SERVICE IS CURRENTI ICE ONCE COMPLETED BY A LICENSE CY EXISTS AT THE PROPERTY.  THIS SECTION MUST BE COMPLE BY THAT IN MY PROFESSIONAL OPIN	SS THIS FORM OR A LETTER CONTAINING HYSICIAN'S ASSISTANT AND SUBMITTED LY OFF, THIS CERTIFICATION FORM OR A ED PHYSICIAN, NURSE PRACTITIONER OF TED BY A LICENSED PHYSICIAN, PHYSICIAN ION, THE FOIL OWING PERSON, WHO IS.	G THE SAME REQUIRED INFORMATION IS COMPLETED AND O TO THE PHILADELPHIA GAS WORKS AT THE ADDRESS OR F A LETTER CONTAINING THE SAME INFORMATION MAY BE US R PHYSICIAN'S ASSISTANT AND SUBMITTED TO PGW CERTIF  VIS ASSISTANT OR NURSE PRACTICIONER A RESIDENT AT THE ABOVE ADDRESS, IS SERIOUSLY ILL
OUR GAS SERVICE MAY BE IGNED BY A LICENSED PHY IUMBER PROVIDED BELOW O RESTORE THE GAS SERVI HAT A MEDICAL EMERGEN I CERTIF AND TH	TERMINATED IN SEVEN DAYS UNLESSICIAN, NURSE PRACTITIONER OR PIL. IF YOUR GAS SERVICE IS CURRENTICE ONCE COMPLETED BY A LICENSE CY EXISTS AT THE PROPERTY.  THIS SECTION MUST BE COMPLETY THAT IN MY PROFESSIONAL OPINITE ABSENCE OF GAS SERVICE FOR COMPLETE OF GAS SERVICE OF	SS THIS FORM OR A LETTER CONTAINING HYSICIAN'S ASSISTANT AND SUBMITTED LY OFF, THIS CERTIFICATION FORM OR A ED PHYSICIAN, NURSE PRACTITIONER OF TED BY A LICENSED PHYSICIAN, PHYSICIAN IION, THE FOLLOWING PERSON, WHO IS. ICOOKING HOT WATER HEAT WILL	G THE SAME REQUIRED INFORMATION IS COMPLETED AND D TO THE PHILADELPHIA GAS WORKS AT THE ADDRESS OR FALETTER CONTAINING THE SAME INFORMATION MAY BE US REPHYSICIAN'S ASSISTANT AND SUBMITTED TO PGW CERTIF WAS ASSISTANT OR NURSE PRACTICIONER A RESIDENT AT THE ABOVE ADDRESS, IS SERIOUSLY ILL LAGGRAVATE AN EXISTING MEDICAL CONDITION.  Age: 34
OUR GAS SERVICE MAY BE IGNED BY A LICENSED PHY IUMBER PROVIDED BELOW O RESTORE THE GAS SERVI HAT A MEDICAL EMERGEN I CERTIF AND TH	TERMINATED IN SEVEN DAYS UNLESSICIAN, NURSE PRACTITIONER OR PI IS IF YOUR GAS SERVICE IS CURRENT CE ONCE COMPLETED BY A LICENSE CY EXISTS AT THE PROPERTY.  THIS SECTION MUST BE COMPLE BY THAT IN MY PROFESSIONAL OPIN IE ABSENCE OF GAS SERVICE FOR COMPLETED TO THE COMPLETED TO TH	SS THIS FORM OR A LETTER CONTAINING THYSICIAN'S ASSISTANT AND SUBMITTED LY OFF, THIS CERTIFICATION FORM OR A ED PHYSICIAN, NURSE PRACTITIONER OF  TEDBY A LICENSED PHYSICIAN, PHYSICIAN IDON, THE FOLLOWING PERSON, WHO IS ICOOKING THOT WATER THEAT WILL  SOCK WATALO	G THE SAME REQUIRED INFORMATION IS COMPLETED AND D TO THE PHILADELPHIA GAS WORKS AT THE ADDRESS OR FALETTER CONTAINING THE SAME INFORMATION MAY BE US REPHYSICIAN'S ASSISTANT AND SUBMITTED TO PGW CERTIF WAS ASSISTANT OR NURSE PRACTICIONER A RESIDENT AT THE ABOVE ADDRESS, IS SERIOUSLY ILL LAGGRAVATE AN EXISTING MEDICAL CONDITION.
OUR GAS SERVICE MAY BE IGNED BY A LICENSED PHY IUMBER PROVIDED BELOW O RESTORE THE GAS SERVI HAT A MEDICAL EMERGEN  I CERTIF AND TH	TERMINATED IN SEVEN DAYS UNLESSICIAN, NURSE PRACTITIONER OR PIL.  IF YOUR GAS SERVICE IS CURRENT OF POLY OF PARTY OF PARTY OF PARTY.  THIS SECTION MUST BE COMPLETED BY A LICENSE OF THAT IN MY PROFESSIONAL OPINITE ABSENCE OF GAS SERVICE FOR THAT IN DAYS:  A CONTROL OF THE PROPERTY.	SS THIS FORM OR A LETTER CONTAINING THYSICIAN'S ASSISTANT AND SUBMITTED LY OFF, THIS CERTIFICATION FORM OR A ED PHYSICIAN, NURSE PRACTITIONER OF  TEDBY A LICENSED PHYSICIAN, PHYSICIAN IDON, THE FOLLOWING PERSON, WHO IS ICOOKING THOT WATER THEAT WILL  SOCK WATALO	G THE SAME REQUIRED INFORMATION IS COMPLETED AND DOTO THE PHILADELPHIA GAS WORKS AT THE ADDRESS OR FALETTER CONTAINING THE SAME INFORMATION MAY BE US REPHYSICIAN'S ASSISTANT AND SUBMITTED TO PGW CERTIFY  WAYS ASSISTANT OR NURSE PRACTICIONER A RESIDENT AT THE ABOVE ADDRESS, IS SERIOUSLY ILL LAGGRAVATE AN EXISTING MEDICAL CONDITION.  Age: 34  Gender: Male 7
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certificate is renewed.
Failure to comply with the duty to make payments on all current undisputed or budget bills can result in being restricted to the original medical certificate

and two renewals.

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## PHILADELPHIA GAS WORKS

800 W. MONTGOMERY AVENUE, PHILADELPHIA, PA 19122-0050

Notice Date: Account Number: May 23, 2019 0579159217

# 10-DAY SHUT OFF NOTICE Your Gas Service May Be Shut Off

Your bill is past due. As a result, PGW will shut off gas to 1110 ELBRIDGE ST on or after 8 a.m. on Jun 04, 2019. This notice will remain effective for 60 days. To talk about your bill or this notice, call our office at 215-235-1777.

#### We will not shut off gas if you do ONE of the following:

- Arrange to pay your past due amount of \$818.60.
- · Pay the amount you owe on your payment plan.
- · Show us a payment receipt for the past due amount.
- Make a payment arrangement (you may be eligible for a special assistance program).
- · Contact us to dispute the bill.

# At a minimum, you may have to pay all of the following before we turn your service on:

 Past Due Amount
 \$818.60

 Security Deposit
 \$238.00

 Turn On Charge
 \$123.23

 Total
 \$1,179.83

(Plus \$372.00 if we must dig up the street to shut off gas).

You are also responsible for all gas service provided to you that is now or has become past due. If shut off, you may be required to pay more than the amount on this notice to have gas turned on.

## MEDICAL EMERGENCY NOTICE

LET US KNOW IF SOMEONE LIVING IN YOUR HOME IS SERIOUSLY ILL OR HAS A MEDICAL CONDITION. WE WILL NOT SHUT OFF YOUR SERVICE during such illness, provided you:

- 1. Have your licensed physician, physician's assistant or nurse practitioner certify by phone or in writing that such an illness exists and that it may be aggravated if your service is shut off; and
- 2. Make arrangements to pay your current bills.
- 3. Contact us by calling 215-235-1777.
- 4. HAVE A LICENSED PHYSICIAN, PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER SEND PGW A LETTER WITHIN 3 DAYS, VERIFYING THE MEDICAL CONDITION.

# IMPORTANT TO KNOW - BEFORE WE SHUT OFF

#### YOUR GAS SERVICE

- You may be eligible for a payment agreement or special assistance program. Enrollment into this program may be a way of avoiding shut off. Contact us immediately at 215-235-1777 to find out if you're eligible, and how to enroll. Documentation of your income may be required.
- If you have questions or need more information, please call us today at 215-235-1777 or write us at P.O. Box 3500, Philadelphia, PA 19122. After you talk with PGW, if you are not satisfied, you may file a complaint with the Pennsylvania Public Utility Commission (PUC). The PUC may delay the shutoff if you file the complaint before the shut-off date. To contact them call 1 (800) 692-7380 or write to: Pennsylvania Public Utility Commission, P.O. Box 3265, Harrisburg, PA 17105-3265.
- If you have a valid Protection From Abuse order from a court, there are additional protections available to you. Call us immediately at 215-235-1777. You will be required to provide us with a copy of the order.

- Call us if your landlord pays your utility bill. You have certain legal protections.
- If you have trouble understanding or speaking English call us for free interpretation.
- ·Please contact us if you are disabled and need assistance.
- ·All adult occupants of the premises whose names are on the mortgage, deed or lease are considered the 'customer' and are responsible for payment of the bill. If service is shut off ANY adult occupant who has been living at the premises may have to pay all or portions of this bill to have service restored.
- If your service is shut off, you must contact us after your payment has been made to be sure you have met all conditions to have the service turned on and to arrange access to your premises. It may take up to seven days to have your service restored.

#### WINTER SHUT OFF PROVISIONS Dec. 1-March 31

- Contact us before the shut off date to give us household and occupant information to see if you qualify for any assistance programs.
- If you are low income there are special rules about whether we may shut off your gas in the winter. Add together the monthly income in your household. Look at the chart below to determine your group. You may need to provide us with proof of income.
- If your income is 150% of the federal poverty guidelines or below, we must first ask the PUC for permission to shut off your service. We will notify you prior to shutting off service if we ask the PUC for permission to terminate your gas service.
- If your income is above 150% but does not exceed 250% of the federal poverty guidelines, we will not shut off your service if one of these conditions applies to you:
  - o Someone in your household is 12 or younger or 65 or older; or
- o You have paid at least one-half of your last two monthly gas bills; or
- o If over the last two months you have paid at least 15% of your household income toward the gas bills.
- If we reconnect your service during the winter months (between December 1st and March 31st) we will restore your service within 24 hours of you meeting all requirements to have service reconnected. When street digging is required, it may take up to seven days.

## Federal Poverty Guidelines (FPG) 2018

Household	Your income is 150% of	Your income is between
Size	monthly gross is:	151% - 250% of the FPG if your monthly gross is:
1	\$1,518 or less	\$1,519-\$2,529
2	\$2,058 or less	\$2,059-\$3,429
3	\$2,598 or less	\$2,599-\$4,329
4	\$3,138 or less	\$3,139-\$5,229
Each add.	\$540	\$541-\$900

se 2:19-cv-01175-GEKP Document 3 PHILADELPHIA GAS WORKS

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Access Your Account Online www.pgworks.com

Billing & General Information (215) 235-1000 (English & Español)



# Hello Jonathan Valentin,

1110 ELBRIDGE ST, PHILADELPHIA PA 19111-5520

Account Number: 0579159217



Please Pay

Due By

06/16/2021

Billing Date Service From

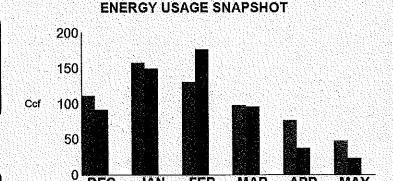
MAY 22, 2021 04/21/2021 - 05/20/2021

Past Due **Current Charges** Adjustments

\$223.45 \$45.86

\$3.21

Thank you for your payment of \$230.79



Prior Year

Actual

**IIIII** Estimated

\$1.58

Average Daily Cost

**Current Month** 

Compared to \$2.27 prior year

Average Daily Temperature 61° Current Month | Compared to 56° prior year

Usage Over Last Year 55 Ccf\* Monthly Average | 663 Ccf Total \*See terms on pg. 2

### MESSAGE CENTER

You may be eligible for up to \$2,000 for past-due PGW bills through Phase 4 of Philly's COVID-19 Emergency Rental & Utility Assistance Program. Apply now: PHLRentAssist.org

If you have unpaid PGW bills, don't wait - call us at 215-235-1000. We have programs to help residential and small business customers.

Pay Your PGW Bill with Cash at 100s of Local Retailers. Simply bring your PGW bill to any CVS, Dollar General, Family Dollar or 7-Eleven to make a payment in cash. No additional fee.



Pay Online www.pgworks.com



Pay By Phone (215) 235-1000 (English & Español) \*a convenience fee of \$2.95 will be applied



Pay With Cash (See Back For Details)

Due By

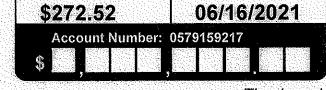
Please return this portion with your payment. Write your account number on your check or money order made payable to Philadelphia Gas Works.

038451 000003784 



JONATHAN VALENTIN 1110 ELBRIDGE ST PHILADELPHIA PA 19111-5520





Thank you!

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Philadelphia Gas Works P.O. Box 11700 Newark, NJ 07101-4700

Please Pay



0005791592178000000000272523

# **Exhibit**

K

PECO shut off notice

9 pages

0112

# TEN DAY SHUT OFF NOTICE (AVISO DE SUSPENSION DE SERVICIO EN 10 DIAS)

Account Number: 1359101007 Past Due Amt: \$259.70 For Service To: 1110 ELBRIDGE ST New Billing: \$0.00 Date Prepared: May 07, 2019 Total Amount: \$259.70

## Your Electric/Gas Service May Be Shut Off!

Because your bill is past due, we will shut off the service to 1110 ELBRIDGE ST on or after 8:00 a.m. on May 21, 2019. If this date is a Friday, the service shut off will occur on, or soon after, the next business day.

# We will NOT shut off your electric/gas service if you do ONE of the following:

- Pay \$259.70 in full before May 21, 2019, this includes any amount you owe on your payment plan.
   This notice is effective for 60 days.
- Pay the catch up amount on your agreement if it has defaulted. Call 1-888-480-1533 for the amount.
- Show us a paid receipt for the past due amount.
- You may be eligible for a payment agreement or special assistance programs which may stop the termination of
  your service. Call 1-888-480-1533 right away to determine if you are eligible for a payment agreement or assistance,
  to dispute your bill or to provide us with household income or occupant information.
- To talk about your bill, please call our office at 1-888-480-1533.

# WE MUST RECEIVE YOUR PAYMENT BEFORE THE SHUT-OFF DATE. WE WILL NOT ACCEPT PAYMENTS AT YOUR PROPERTY.

If we shut off your electric/gas service, you may have to pay all of the following before we can turn service on:

Past Due Amount of
 Deposit Past Due Amount of
 Agreement Unbilled Balance
 Total

### MEDICAL EMERGENCY NOTICE

Let us know if you or anyone presently and normally living in your home is seriously ill. WE WILL NOT SHUT OFF YOUR SERVICE during such an illness provided you:

1. Have your licensed physician, nurse practitioner or physician assistant certify by phone and in writing that such an illness exists and that it may be aggravated if your service is shut off, phone certification must be followed by written certification within 7 days.

#### 'AND'

2. Make some equitable arrangement to pay the company your current bills for service.

### IMPORTANT TO KNOW

Before we shut off your utility service please read the back of this notice. You may be eligible for certain protections from shut off.

Attencion ! Este es en mensaje muy importante. Si usted no lo entiende, favor de llama a 1-888-480-1533.

Send payment in the enclosed envelope or pay your bill at an authorized payment location or PECO Energy's Main Office (23rd & Market Streets Philadelphia). To pay by credit card or check by phone, call 1-877-432-9384. The service provider will charge a convenience fee.

See other side for more information

<sup>\*</sup>If your service is shut off, you may be required to pay any additional bills that have become past due to restore your service.

<sup>\*\*</sup>If your service is shut off, you may have to make substantial payments in order to have your service restored. In addition to any balance owed, you will have to pay a Reconnection Charge of between \$20.00 and \$1,700.00. This fee amount is set by PECO's tariff and based on how much work is needed to restore your service. You may also be required to pay a deposit equal to two times your average monthly usage.

0112

# TEN DAY SHUT OFF NOTICE (AVISO DE SUSPENSION DE SERVICIO EN 10 DIAS)

Account Number: 1359101007 Past Due Amt: \$271.70 For Service To: 1110 ELBRIDGE ST New Billing: \$12.00 Date Prepared: June 20, 2019 Total Amount: \$283.70

## Your Electric/Gas Service May Be Shut Off!

Because your bill is past due, we will shut off the service to 1110 ELBRIDGE ST on or after 8:00 a.m. on July 08, 2019. If this date is a Friday, the service shut off will occur on, or soon after, the next business day.

# We will NOT shut off your electric/gas service if you do ONE of the following:

- Pay \$271.70 in full before July 08, 2019, this includes any amount you owe on your payment plan.
   This notice is effective for 60 days.
- Pay the catch up amount on your agreement if it has defaulted. Call 1-888-480-1533 for the amount.
- Show us a paid receipt for the past due amount.
- You may be eligible for a payment agreement or special assistance programs which may stop the termination of
  your service. Call 1-888-480-1533 right away to determine if you are eligible for a payment agreement or assistance,
  to dispute your bill or to provide us with household income or occupant information.
- To talk about your bill, please call our office at 1-888-480-1533.

# WE MUST RECEIVE YOUR PAYMENT BEFORE THE SHUT-OFF DATE. WE WILL NOT ACCEPT PAYMENTS AT YOUR PROPERTY.

If we shut off your electric/gas service, you may have to pay all of the following before we can turn service on:

Past Due Amount of \$271.70
Deposit Past Due Amount of \$0.00

Agreement Unbilled Balance \$0.00

Total \$271.70\*

# **MEDICAL EMERGENCY NOTICE**

Let us know if you or anyone presently and normally living in your home is seriously ill. WE WILL NOT SHUT OFF YOUR SERVICE during such an illness provided you:

1. Have your licensed physician, nurse practitioner or physician assistant certify by phone and in writing that such an illness exists and that it may be aggravated if your service is shut off, phone certification must be followed by written certification within 7 days.

'AND'

2. Make some equitable arrangement to pay the company your current bills for service.

### IMPORTANT TO KNOW

Before we shut off your utility service please read the back of this notice. You may be eligible for certain protections from shut off.

Attencion I Este es en mensaje muy importante. Si usted no lo entiende, favor de llama a 1-888-480-1533.

Send payment in the enclosed envelope or pay your bill at an authorized payment location or PECO Energy's Main Office (23rd & Market Streets Philadelphia). To pay by credit card or check by phone, call 1-877-432-9384. The service provider will charge a convenience fee.

See other side for more information

<sup>\*</sup>If your service is shut off, you may be required to pay any additional bills that have become past due to restore your service.

<sup>\*\*</sup>If your service is shut off, you may have to make substantial payments in order to have your service restored. In addition to any balance owed, you will have to pay a Reconnection Charge of between \$20.00 and \$1,700.00. This fee amount is set by PECO's tariff and based on how much work is needed to restore your service . You may also be required to pay a deposit equal to two times your average monthly usage.

# YOUR ELECTRIC/GAS HAS BEEN SHUT-OFF

(AVISO DE SUSPENCION DE SERVICIO)

You did not pay your past due bill.		
Other: ame: JONATHAN VALENTIN ddress: 1110 ELBRIDGE ST PHILADI		: 7/10/19 ount: 1359101007
	DOMANDO CALLACIDACEN	TF at 1- 888-480-1533.
	ESTORED, CALL OUR OFFICE to be sure you've cess to your premises.	
	has been made to be sure you've cess to your premises.	met all conditions to have the
You must contact us after your payment service turned back on and to arrange ac	has been made to be sure you've cess to your premises.	
You must contact us after your payment ervice turned back on and to arrange ac You must pay the following before we ca - Past Due Amount of	has been made to be sure you've cess to your premises. In restore your service:	met all conditions to have the
You must contact us after your payment service turned back on and to arrange ac	has been made to be sure you've cess to your premises. In restore your service: \$ 283.70	met all conditions to have the

service.

\*\*Since your service has been terminated, you may have to make substantial payments to have your service restored. In addition to any balance owed, you will have to pay a reconnection charge of between \$20 and \$1,700. This fee is set by PECO and is based on how much work is needed to restore your service. You may also be required to pay a deposit equal to two times your average monthly usage.

# WE MAY BE ABLE TO QUICKLY RESTORE YOUR SERVICE IF:

- Someone in your home is SERIOUSLY ILL. Read the MEDICAL EMERGENCY NOTICE below.
- o Your income is at or below 250% of the Federal Poverty Level. See the chart on the back of this notice and call us at 1-888-480-1533.

# **MEDICAL EMERGENCY NOTICE**

Let us know if you or anyone presently and normally living in your home is SERIOUSLY ILL. WE WILL NOT SHUT OFF YOUR SERVICE during such an illness provided you:

- 1. Have your licensed physician, physician assistant or nurse practitioner certify by phone and in writing that such an illness exists and that it may be aggravated if your service is shut off. Phone certification must be followed by written certification within 7 days. 'AND'
- 2. Make some equitable arrangement to pay the company your current bills for service.

# SEE OTHER SIDE FOR MORE INFORMATION

PECO Business Office hours are Monday through Friday, from 8:30 a.m. to 5 p.m. Our business office is located at:

2301 MARKET STREET, PHILADELPHIA, PA 19103. TO PAY BY CREDIT CARD OR CHECK BY PHONE, CALL 1-877-432-9384.



# TEN DAY SHUT OFF NOTICE (AVISO DE SUSPENSION DE SERVICIO EN 10 DIAS)

Account Number: 1359101007 Past Due Amt: \$315.70 For Service To: 1110 ELBRIDGE ST New Billing: \$0.00 Date Prepared: August 09, 2019 Total Amount: \$315.70

Your Electric/Gas Service May Be Shut Off!

Because your bill is past due, we will shut off the service to 1110 ELBRIDGE ST on or after 8:00 a.m. on August 26, 2019. If this date is a Friday, the service shut off will occur on, or soon after, the next business day.

# We will NOT shut off your electric/gas service if you do ONE of the following:

Pay \$315.70 in full before August 26, 2019, this includes any amount you owe on your payment plan.
 This notice is effective for 60 days.

Pay the catch up amount on your agreement if it has defaulted. Call 1-888-480-1533 for the amount.

Show us a paid receipt for the past due amount.

You may be eligible for a payment agreement or special assistance programs which may stop the termination of
your service. Call 1-888-480-1533 right away to determine if you are eligible for a payment agreement or assistance,
to dispute your bill or to provide us with household income or occupant information.

To talk about your bill, please call our office at 1-888-480-1533.

# WE MUST RECEIVE YOUR PAYMENT BEFORE THE SHUT-OFF DATE. WE WILL NOT ACCEPT PAYMENTS AT YOUR PROPERTY.

If we shut off your electric/gas service, you may have to pay all of the following before we can turn service on:

Past Due Amount of
 Deposit Past Due Amount of
 Agreement Unbilled Balance

Total \$315.70\*

# **MEDICAL EMERGENCY NOTICE**

Let us know if you or anyone presently and normally living in your home is seriously ill. WE WILL NOT SHUT OFF YOUR SERVICE during such an illness provided you:

1. Have your licensed physician, nurse practitioner or physician assistant certify by phone and in writing that such an illness exists and that it may be aggravated if your service is shut off, phone certification must be followed by written certification within 7 days.

'AND'

2. Make some equitable arrangement to pay the company your current bills for service.

### IMPORTANT TO KNOW

Before we shut off your utility service please read the back of this notice. You may be eligible for certain protections from shut off.

Attencion I Este es en mensaje muy importante. Si usted no lo entiende, favor de llama a 1-888-480-1533.

Send payment in the enclosed envelope or pay your bill at an authorized payment location or PECO Energy's Main Office (23rd & Market Streets Philadelphia). To pay by credit card or check by phone, call 1-877-432-9384. The service provider will charge a convenience fee.

See other side for more information

<sup>\*</sup>If your service is shut off, you may be required to pay any additional bills that have become past due to restore your service.

<sup>\*\*</sup>If your service is shut off, you may have to make substantial payments in order to have your service restored. In addition to any balance owed, you will have to pay a Reconnection Charge of between \$20.00 and \$1,700.00. This fee amount is set by PECO's tariff and based on how much work is needed to restore your service. You may also be required to pay a deposit equal to two times your average monthly usage.

# YOUR ELECTRIC/GAS HAS BEEN SHUT-OFF

(AVISO DE SUSPENCION DE SERVICIO)

ame: JONATHAN VALENTIN		Date: 10/31/19
ddress: 1110 ELBRIDGE ST PHILA	DELPHIA	Account: 1359101007
ou must contact us after your payment	has been made to be s	UR OFFICE at 1-888-480-1533.  re you've met all conditions to have the
	has been made to be success to your premises.	
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ou must contact us after your payment ervice turned back on and to arrange a ou must pay the following before we contact.  - Past Due Amount of	t has been made to be success to your premises. an restore your service: \$ 339.70	re you've met all conditions to have the

service.

\*\*Since your service has been terminated, you may have to make substantial payments to have your service restored. In addition to any balance owed, you will have to pay a reconnection charge of between \$20 and \$1,700. This fee is set by PECO and is based on how much work is needed to restore your service. You may also be required to pay a deposit equal to two times your average monthly usage.

### WE MAY BE ABLE TO QUICKLY RESTORE YOUR SERVICE IF:

- Someone in your home is SERIOUSLY ILL. Read the MEDICAL EMERGENCY NOTICE below.
- o Your income is at or below 250% of the Federal Poverty Level. See the chart on the back of this notice and call us at 1-888-480-1533.

# **MEDICAL EMERGENCY NOTICE**

Let us know if you or anyone presently and normally living in your home is SERIOUSLY ILL. WE WILL NOT SHUT OFF YOUR SERVICE during such an illness provided you:

- 1. Have your licensed physician, physician assistant or nurse practitioner certify by phone and in writing that such an illness exists and that it may be aggravated if your service is shut off. Phone certification must be followed by written certification within 7 days. 'AND'
- 2. Make some equitable arrangement to pay the company your current bills for service.

# SEE OTHER SIDE FOR MORE INFORMATION

PECO Business Office hours are Monday through Friday, from 8:30 a.m. to 5 p.m. Our business office is located at:

2301 MARKET STREET, PHILADELPHIA, PA 19103. TO PAY BY CREDIT CARD OR CHECK BY PHONE, CALL 1-877-432-9384.

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0137

# TEN DAY SHUT OFF NOTICE (AVISO DE SUSPENSION DE SERVICIO EN 10 DIAS)

Account Number: 1359101007 Past Due Amt: \$395.70 For Service To: 1110 ELBRIDGE ST New Billing: \$12.00 Date Prepared: February 03, 2020 Total Amount: \$407.70

## Your Electric/Gas Service May Be Shut Off!

Because your bill is past due, we will shut off the service to 1110 ELBRIDGE ST on or after 8:00 a.m. on April 01, 2020. If this date is a Friday, the service shut off will occur on, or soon after, the next business day.

# We will NOT shut off your electric/gas service if you do ONE of the following:

- Pay \$395.70 in full before April 01, 2020, this includes any amount you owe on your payment plan.
   This notice is effective for 60 days.
- Pay the catch up amount on your agreement if it has defaulted. Call 1-888-480-1533 for the amount.
- Show us a paid receipt for the past due amount.
- You may be eligible for a payment agreement or special assistance programs which may stop the termination of your service. Call 1-888-480-1533 right away to determine if you are eligible for a payment agreement or assistance, to dispute your bill or to provide us with household income or occupant information.
- To talk about your bill, please call our office at 1-888-480-1533.

# WE MUST RECEIVE YOUR PAYMENT BEFORE THE SHUT-OFF DATE. WE WILL NOT ACCEPT PAYMENTS AT YOUR PROPERTY.

If we shut off your electric/gas service, you may have to pay all of the following before we can turn service on:

Past Due Amount of \$395.70
 Deposit Past Due Amount of \$0.00
 Agreement Unbilled Balance \$0.00
 Total \$395.70\*

### MEDICAL EMERGENCY NOTICE

Let us know if you or anyone presently and normally living in your home is seriously ill. WE WILL NOT SHUT OFF YOUR SERVICE during such an illness provided you:

- 1. Have your licensed physician, nurse practitioner or physician assistant certify by phone and in writing that such an illness exists and that it may be aggravated if your service is shut off, phone certification must be followed by written certification within 7 days.
  - 'AND'
- 2. Make some equitable arrangement to pay the company your current bills for service.

#### IMPORTANT TO KNOW

Before we shut off your utility service please read the back of this notice. You may be eligible for certain protections from shut off.

¡Atención! Este es un mensaje muy importante. Si usted no lo entiende, favor de llamar a 1-888-480-1533.

Send payment in the enclosed envelope or pay your bill at an authorized payment location or PECO Energy's Main Office (23rd & Market Streets Philadelphia). To pay by credit card or check by phone, call 1-877-432-9384. The service provider will charge a convenience fee.

See other side for more information

<sup>\*</sup>If your service is shut off, you may be required to pay any additional bills that have become past due to restore your service.

<sup>\*\*</sup>If your service is shut off, you may have to make substantial payments in order to have your service restored. In addition to any balance owed, you will have to pay a Reconnection Charge of between \$20:00 and \$1,700:00. This fee amount is set by PECO's tariff and based on how much work is needed to restore your service. You may also be required to pay a deposit equal to two times your average monthly usage.

0137

An Exelon Company

February 03, 2020

**Dear JONATHAN VALENTIN:** 

# WE'RE HERE TO HELP! Energy Assistance Could Be a Phone Call Away. PECO'S LIHEAP HELPLINE

1-800-34-HELP-4 (1-800-344-3574)

Your PECO service will be shut off on or after April 1, 2020 because you did not fully pay for service you have used. It is essential to apply for LIHEAP now.

The Low Income Home Energy Assistance Program (LIHEAP) has Crisis Grant money available **NOW** that could help you keep your electric or gas service on. **YOU MUST APPLY NOW!** The program is scheduled to close on Friday, April 10, 2020, and the money could be gone before that date.

The maximum LIHEAP Crisis Grant you could receive is \$600.00. Even if you already received a LIHEAP Cash Grant, you may still be eligible for a LIHEAP Crisis Grant.

If you have not already applied for the grant, visit your County Assistance Office today. Most heating systems will not work without electricity, so have your Crisis Grant directed to PECO to keep you warm this winter.

If you already received a LIHEAP Cash Grant, all you need to do is call your local County Assistance Office at the number listed below. Your Crisis application can be reviewed and approved over the phone.

# Call PECO's LIHEAP HELPLINE at 1-800-34-HELP-4 (1-800-344-3574)

Or, you can call your local County Assistance Office at the numbers below:

Bucks County	215-781-3393
Chester County	610-466-1042
Delaware County	610-447-3099
Montgomery County	610-272-1752
Philadelphia County	215-560-1583
York County	717-771-1100
Statewide Hotline	866-857-7095

You must provide the following information to apply for a LIHEAP Crisis Grant:

- Names, dates of birth & Social Security numbers of all household members
- 2. Proof of income for all household members (for the last 30 days)
- A recent PECO bill, and heating bill if you receive service to heat your home through a company other than PECO
- Remember to designate PECO as your vendor of choice on your LIHEAP application
- 5. Copy of the PECO termination notice included in this mailing

The 2019-2020 LIHEAP season income guidelines are as follows:

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Sincerely, PECO's Universal Services Department

(1/10 10/17/2019 02:08:51 FM -0/00

# REQUEST FOR MEDICAL CERTIFICATION (Solicitud De Un Certificado Medico)



An Emion Company

TO BE COMPLETED BY THE COMPANY	Fax Date:	10/17/20	19 02:08:08 P	M
Account No: <u>13591-01007</u>				
Name and Service Address of Customer: DOB:09/22/1982 JONATHAN VALENTIN 1110 ELBRIDGE ST PHILADELPHIA PA 19111	Address:	PO Box 40		Verilication Dept.
Fax Number: 2158271655	Phone No: Fax No: Email:	1-688-480-1 1-215-841-4 PECOMedO		com
ls your servic	e off?	Yes	(No-	
Part A (To Be Completed By Customer)			<b>~</b>	
lame of person who is seriously ill:				
Relationship to the oustomer:				
Pelationship to the customer; Patient's Address (if other than above): Specific reason utility service is required;				
How long do you expect the illness to last?				
Please Ethi Doctor, Nurse Practitioner, or Physician's	Ausletant's Name		MT7 437 License Numbe	<del>? 8'90</del> or
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An Exelon Company Page 1 of 2

Name: JONATHAN VALENTIN

Account Number: 13591-52187 Phone Number: 215-214-9431

Service Address: 1110 Elbridge St, Philadelphia

**TAXES & FEES** 

Emergency and Repair 800-841-4141

This is the number to call to report power outages, gas leaks or odors; and safety hazards related to PEEO Equipment.

PECO ELECTRIC DELIVERY

ELECTRIC \$12.00

ELECTRIC SUPPLY
PECO
2301 Market Street
Philadelphia, PA 19103
800-494-4000

Billing Summary

Bill Date 05/13/2021
Thank you for your payment of \$115.00 on 04/16/2021
Charges from previous bill \$9.75
Total Other Charges \$9.75

Current Period Charges
Electric \$12.00
Total New Charges \$12.00

Total Amount Due on 06/04/2021

\$21.75

General Information

Next scheduled meter reading:06/16/2021

1-800-774-7040

If you have any questions or concerns, please call 800:494-4000 before the due date: Si fiene alguna pregunta; favor de llamar al numero 1-800-494-4000 antes de la fecha de vencimiento.

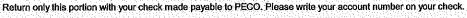
peco.com/service

Gustomer Self Service - Manage Your Account 24/7 Start, stop and moveyour service

Online: peco.com

In Person: 2301 Market St., Philadelphia, PA 19103

By Phone: 1-800-774-7040





An Excion Company 2301 Market Street Philadelphia, PA 19103-1380

Pay Today!

peco.com/ebill

Go paperless: receive and pay your bill online.

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JONATHAN VALENTIN 1110 ELBRIDGE ST PHILADELPHIA, PA 19111-5520 ☐ Enroll in Automatic Payment. Complete form on reverse side.

☐ Pledge a donation to MEAF. Complete form on reverse side.

Account#13591-52187

877-432-9384

Pay by phone, a convenience fee will apply.

Please pay this amount by 06/04/2021

\$21.75

Payment Amount

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PECO - Payment Processing PO Box 37629 Philadelphia, PA 19101-0629



# Exhibit

Water revenue Bureau

Shut off notice

5 pages

# CITY OF PHILADELPHIA OFFICE OF ADMINISTRATIVE REVIEW/TAX REVIEW BOARD PETITION FOR APPEAL

Philadelphia Water Department/Water Revenue Bureau Appeals Only

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### \*\*\* SHUT OFF NOTICE \*\*\*

- Your water service will be shut off without further notice on or after 04/15/2019 unless you pay the PAY NOW amount.
- Avoid the inconvenience and additional expense of a shut off by making payment immediately. If you have already made your payment, please disregard this notice.
- If your service is suspended, a Restoration Fee will be added to the balance due.
- A Visitation Fee is added to the balance due if we show up to suspend service and payment is made at the property.
- The PWD Customer Contact Center is available Monday through Friday, 8:00 AM to 5:00 PM. Call 215-685-6300.
- If you are a tenant who is not responsible for paying the water bill according to your rental agreement, you may have additional rights to prevent your water from being shut off. Please call the PWD Customer Contact Center at 215-685-6300.
- Suspension of water service may affect your fire suppression system if a single / combined domestic and fire service line serves the property.
- Struggling to pay your bill? You may qualify for our billing assistance program called TAP. Call 215-685-6300 for an application or visit www.phila.gov/water-bill-help

City of Philadelphia Department of Revenue P.O. Box 41496 Philadelphia, PA 19101-1496

# SHUT OFF BILL

WATER/SEWER



YOUR WATER SERVICE IS SUBJECT TO SHUT, OFF FOR NON-PAYMENT. FOR FURTHER INFORMATION SEE REVERSE SIDE OF THIS BILL.

YOU MAY PAY BY MAIL TO P.O. BOX 41496, PHILADELPHIA, PA 19101-1496, OR IN PERSON AT MSB 1401 JFK BLVD, CONCOURS LEVEL, PHILADELPHIA, PA OR AT ONE OF OUR SERVICE CENTERS.

MAKE CHECKS PAYABLE: CITY OF PHILA.

PRINCIPAL	PENALTY	BILL DATE	CODE SEE ORIG. BILL	AMOUNT BILLED
		15-01 to		
2337.91	213.67	18-10		2551.58
12.00	0.00	18-11		12.00
12.00	0.00	18-12		12.00
12.00		19-01		12.00
12.00		19-02		12.00
12.00	0.00	19-03		12.00

PAY NOW \$2,611.58

SERVICE 41R

WATER ACCESS CODE 000132410

ACCOUNT NUMBER 0023100001110001

**BILL INCLUDES PAYMENTS** RECEIVED ON OR BEFORE DATE OF THIS NOTICE:

03/08/19

IF YOU HAVE ANY QUESTIONS CALL 215-685-6300 IMMEDIATELY

RETAIN THIS PORTION PAYMENT IS MAILED

PRESENT BOTH PORTIONS WHEN PAYING IN PERSON JONATHAN VALENTIN 1110 ELBRIDGE ST PHILADELPHIA PA 19111

OWNER'S NAME AND PROPERTY BILLED (IF OTHER THAN ABOVE)

83-T-118R (REV.02/19) W8S000

DETACH HERE

ACCOUNT NUMBER DIS	t. SEW%	BILL DATE	SERVICE CODE	PRINCIPAL	PENALTY	AMOUNT BILLED
0023100001110001		15-01				
		to				
	N NEW	18-10	41R	2337.91	213.67	2551.58
JONATHAN VALENTIN		18-11	41R	12.00	0.00	12.00
1110 ELBRIDGE ST		18-12	41R	12.00	0.00	12.00
PHILADELPHIA PA 19111		19-01	41R	12.00	0.00	12.00
OWNER'S NAME AND PROPERTY BILLED (IF OTHER THAN ABOVE)		19-02	41R	12.00	0.00	12.00
JONATHAN VALENTIN 1110 ELBRIDGE ST		19-03	41R	12.00	0.00	12.00
		T OFF BILL TER/SEWER			PAY NOV	V \$2,611.58

333720000009990310000111000170000261158000023979100200001000000005



IF NOT PAID, ADDITIONAL PENALTY WILL BE ADDED TO THE NEXT REGULAR BILL. DO NOT STAPLE, PIN, OR FOLD.



# CITY OF PHILADELPHIA

OFFICE OF ADMINISTRATIVE REVIEW TAX REVIEW BOARD

100 South Broad Street, Suite 400 Land Title Building Philadelphia, Pennsylvania 19110-1099 Phone (215) 686-5216 FAX (215) 686-5228

VALENTIN, JONATHAN 1110 ELBRIDGE STREET PHILADELPHIA, PA 19111

DEC 1 7 2019

RE:

VALENTIN, JONATHAN

DOCKET #:

35WRMERZW1665

DEPARTMENT: WATER REVENUE ACCOUNT #: 0023100001110001

PROPERTY:

1110 ELBRIDGE ST

# DEAR SIR/MADAM:

This is to advise you that a hearing has been scheduled for:

during the AM session commencing at 10:00 AM. Monday February 24, 2020

The site of this hearing is TAX REVIEW BOARD

100 S BROAD ST

LAND TITLE BUILDING

SUITE 400

PHILA. PA. 191: 0-1099

ENTRANCE ON CHESTNUT STREET

Please bring with you all documents which are relative to this case in order to EXPEDITE THIS HEARING.

Additionally, be advised that failure to appear at the scheduled hearing or to properly request a continuance for this case, will result in an automatic denial of the case.

In order for a continuance to be considered, it must be received at the hearing site, in writing, at least one full week before the Scheduled Meaning.

Very Truly Yours, Office of Administrative Review 11/21/2019

Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 97 of 116



# CITY OF PHILADELPHIA

# OFFICE OF ADMINISTRATIVE REVIEW TAX REVIEW BOARD

100 South Broad Street, Suite 400 Land Title Building Philadelphia, Pennsylvania 19110-1099 Phone (215) 686-5216 FAX (215) 686-5228

VALENTIN, JONATHAN 1110 ELBRIDGE STREET PHILADELPHIA, PA 19111

FEB 2 8 2020

RE:

VALENTIN, JONATHAN

DOCKET#:

35WRMERZW1665

DEPARTMENT: WATER REVENUE ACCOUNT #: 0023100001110001

PROPERTY:

1110 ELBRIDGE ST

### DEAR SIR/MADAM:

This is to acknowledge the receipt of your letter in which you requested that the aforementioned matter be withdrawn.

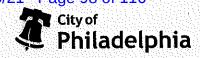
Be advised that we have closed our files and marked our records accordingly.

Very Truly Yours, Office of Administrative Review 02/28/2020

cc: Revenue Department Law Department File



Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 98 of 116 CITY OF PHILADELPHIA DEPARTMENT OF REVENUE WATER REVENUE BUREAU



# Water/Sewer & Stormwater Bill

Please pay \$0.00

Customer Name: CENTRAL PENN CAPITAL MANAGMENT Service Address: 1110 Elbridge St, Philadelphia PA 19111.

Bill Date: May 04, 2021 (Bill Period: Mar 28, 2021 - Apr 27, 2021)

Questions?

www.phila.gov/revenue

(215) 685-6300 Monday-Friday, 8am-5pm

Account Number: 002-31000-01110-001

Water Access Gode: 001655170 Bill Number: 80857421406

Includes Payments Through: May 04, 2021

# Your Account

Water/Sewer/Stormwater	balance at last l	oill	\$138.14
You last paid on 04/16/21	- thank you		-\$250.00
Account Balance			-\$111,86

This Bill	
Usage Charge (3 ccf, see below for details)	\$23.22
Service Charge	\$12.22
Stormwater Charge	\$15.80
Senior Citizen Discount	\$0.00
Total Current Charges	\$51.24
Total Account Balance	-\$60,62
Please Pay Now	\$0.00

### **Payment Types**

Pay by phone (877) 309-3709; credit card or e-check at www.phila.gov. Select water bill from pay menu options.

See back for more information and contact details ->

# Your Water Usage

**Meter Readings** 

Meter: 0406603 ERT: 0016629184 Service: 41R 859 April 27, 2021 actual reading 856 actual reading March 28, 2021 Total CCFs used

If property was occupied during zero usage please call (215) 686-6880

Actual Reading Estimate **Usage History (ccf)** Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

Please told and detach



Approximate gallons used per day

# Paying by mail?

Send this coupon with your payment. See back for other ways to pay ->

CENTRAL PENN CAPITAL MANAGMENT 1110 ELBRIDGE ST PHILADELPHIA PA 19111

**Account Number** 002-31000-01110-001

\$0.00 Please pay \$0,00 Late payment penalty Total amount due if paid after Jun 03, 2021 \$0.00



CITY OF PHILADELPHIA DEPARTMENT OF REVENUE WATER REVENUE BUREAU

# Exhibit

B

Welfare CAO Determination letter Six pages

# **Exhibit**

M

Philadelphia county assistance office

Financial assistance and employment forms

4 pages

Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 101 o Notice ID: 9084645405

DEPARTMENT OF HUMAN SERVICES PHILA CAO 4109 FRANKFORD AVE PHILADELPHIA, PA 19124-4582

Mail Date: 10/15/2019

Jonathan Valentin 1110 Elbridge St Philadelphia, PA 19111



**OFFICE OF INCOME MAINTENANCE** 

Record ID: 51/3095889 Telephone: 1-215-560-6500

Notice ID: 9084645405 MCI #: 391035127

COMPASS: The fast and easy way to apply for benefits

www.compass.state.pa.us

Pennsylvania receives information from other state and federal agencies to verify the information you give them. If you misrepresent, hide, or withhold facts which may affect your eligibility for benefits, you may be required to repay your benefits, and you may be prosecuted and disqualified from receiving certain future benefits.

Dear Mr. Valentin,

You've applied for or are receiving the following benefits and we need more information:

LIHEAP Cash

In order to finish processing your request, please complete the following next steps:

1. Return copies of the documents listed below and this form to the Department of Human Services by **October 24, 2019**. Please see the "Additional Instructions" section.

Please provide proof of the following information for your case. You must cooperate in providing and signing the required documents or your benefits may be denied, delayed, or closed. If you are cooperating in the completion of your application or reapplication, we will help you provide proof, as needed. The information below will explain what is needed and who it is needed for.

Provide the following: documents:	Neededfor	*Broyde the following *** Recuments:	Additional Information
ncome			
Zero Income Statement		Form HSEA 6 and proof of	
		income, if any.	

\*If you do not have the documents listed above, please refer to the last sheet in this packet for examples of other documents that you can provide. If you are having trouble getting these documents please contact us at 215-560-6500.

If you have a disability and need this letter in large print or another format, please call our helpline at 1-800-692-7462. TDD Services are available at 1-800-451-5886.

Record ID: 51/3095889

Mail Date: 10/15/2019

Page 1 of 6

\*908464540530000103\*



CAO NAME AND ADDRESS
DEPARTMENT OF HUMAN SERVICES
PHILA CAO
4109 FRANKFORD AVE
PHILADELPHIA, PA 19124-4582
215-560-6500

	CASE IDENTIFIC	CATION	
СО	RECORD NUMBER	CSLD	DIST.
51	3095889	Alaksii.	G
RECO	ORD NAME		DATE 10/15/2019

# ZERO INCOME STATEMENT



This form must be completed and signed by the applicant whose household has little or no income.

Has your household received any income in the m	onth before you applied for LIHEAP?
If yes, please tell us where it came from and how i	nuch you received:
Please tell us how your household is meeting its n	eeds for the following items:
Food: SNAP	
Shelter: Moltgage - HUD aug	O PHPA
Utility service (electricity, heat, water, etc.): \subsection Cuchamer Responsability progression of the progression of t	Milalaphia Gas Works
Doughtan Valentin Print Name	
Bignature Signature	10/24/2019 Date



HSEA 6 9/16

Record ID: 51/3095889

Mail Date: 10/15/2019

Page 5 of 6

\*908464540530000303\*

# Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 103 of 116

BOULEVARD PHILA CAO 4109 FRANKFORD AVE PHILADELPHIA, PA 19124-4582



Notice ID: 9085247522 | C:25728

Jonathan Valentin 1110 Elbridge St Philadelphia, PA 19111-5520

Mail Date: 11/04/2019

Record ID: 51/3095889 MCI#: 391035127

**COMPASS:** The fast and easy

way to apply for benefits www.compass.state.pa.us

The Department of Human Services (DHS) is writing to you about your Low-Income Home Energy Assistance Program (LIHEAP) benefits.



Record ID: 51/3095889

# Low-Income Home Energy Assistance Program (LIHEAP)

You qualify for a LIHEAP Cash Benefit:

- \$964.00 will be sent to PHILADELPHIA GAS WORKS on November 13, 2019.
- This is a one-time only payment for the 2019-2020 heating season.

If you do not agree with this decision, fill out the enclosed Fair Hearing form and mail or give it to your caseworker. It must be postmarked or received on or before December 04, 2019.

LIHEAP funds in your account with your fuel dealer and/or utility provider must be used by June 30 of the next LIHEAP program year or they will be returned to DHS.

908524752230000104 PA162 Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 104 of 116

### **CAO NAME AND ADDRESS**

DEPARTMENT OF HUMAN SERVICES PHILA CAO 4109 FRANKFORD AVE PHILADELPHIA, PA 19124-4582 215-560-6500

	CASE RECOR	D NUI	/IBER	
CO;	RECORD NUMBER	CAT	CSLD	DIST
51	3095889		0176	G
RECORD N	VAME			DATE
JONATI	HAN VALENTIN			02/11/2020



# **EMPLOYMENT AND TRAINING PROGRAM - RIGHTS AND RESPONSIBILITIES**

NAME: JONATHAN VALENTIN

# A. Enrollment:

You will be enrolled in the Supplemental Nutrition Assistance Program (SNAP) Employment and Training Program (SNAP ETP) if you are receiving SNAP benefits, unless your circumstances meet any of the exemption criteria listed in Section G of this form. If you are not exempt, you are subject to disqualification if you withdraw or drop out without good cause.

# B. Volunteers:

You may volunteer if you are exempt. If you volunteer to enroll and later withdraw and are still exempt for one of the reasons listed in Section G, your benefits will not be affected by your withdrawal. If you are not exempt, you are subject to disqualification if you withdraw or drop out without good cause.

# C. Program Activities:

If you volunteer or are required to enroll, an assessment will be made of your employment experience, education, and job skill training to determine if you will be sent to the job center or to the county assistance office (CAO) for services. If you are referred to the job center, you will be required to participate in job search activities. If you are referred to the CAO, you and the case manager will establish an employment development plan which identifies your employment goal and any steps you must follow to accomplish it. The plan will also identify any child care or supportive service needs, such as transportation, necessary for you to achieve your goal and the steps to be taken by you and the case manager to ensure the needs are met. You will receive a copy of the employment development plan.

## D. Responsibilities:

As a participant in the SNAP ETP, unless you have good cause, you are required to:

- register for employment;
- · provide sufficient information to your county assistance office about your employment status and job availability;
- report changes in your circumstances that affect the special allowances for child care and supportive services you
  receive to the CAO. For SNAP benefits you must report changes within 10 days;
- · accept employment;
- participate in an employment and training program to the extent required by the CAO;
- In addition, you must not voluntarily quit your job or reduce the number of hours you are working to less than 30 hours per week.

### E. Disqualifications:

If you are required to be enrolled in the SNAP ETP and you fail to comply with program requirements without good cause, your benefits will be discontinued. The disqualification periods are as follows:

- for the first violation a minimum of one month, and thereafter until compliance.
- for the second violation a minimum of three months, and thereafter until compliance.
- · for the third or subsequent violation a minimum of six months, and thereafter until compliance.

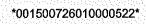
#### F. Rights

Prior to imposing a disqualification you have the right to receive a conciliatory review of the circumstances causing your failure to comply; a right to receive written notice; and a right to request a fair hearing regarding your exemption status or proposed disqualification. If you have requested and been denied SNAP ETP services or benefits, you have the right to appeal. You also have the right to appeal your employment development plan if you disagree with it.

anoller Vall	wy 02/	19/2	020
	PPU ANT/RECIPIENT'S SIGNATURE	DATE	
	A SHOEM ( WORKER'S SIGNATURE	2/11/20 DATE	20



PA 772 (SG) 11/16





# **Exhibit**

N

Labor and Industry proof on income

2016-2017

2 Pages

# Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 106 of 116

	∰ MY JOB SE		
	This job has been closed by t	ne employer.	
Stock/ Order Picker Corporation	PA   Job# 9963360		
Overview			How To Identify Potential
(P) PA	(\$) Competitive Salary	6 Months Experience	Share This Job
	Conspensive Bioly		≥ f y ir
High school graduate or equivalency certificate (GED)	No Commission	40.00 hrs/ Day Shift/ Full-Time	Search All To Lighting Corporation
Summary			Similar Jobs
Position Overview:  Responsible for assisting in a variety of warehouse duties warehouse stocked.	, including shipping and receiving, unloading and	l loading trucks, fulfilling purchase orders, and keeping	General Warehol (Order Pickers/ Inventory Contro Receiving) -

#### **Essential Job Functions:**

- Assist shipping and receiving, unloading trucks; checking in merchandise, matching purchase orders to orders and distributing for processing.
- Read sales orders, work orders, shipping orders, or requisitions to determine items to be moved, gathered, or distributed and/or shipped.
- · Pick/put away stock as directed
- . Move materials and Items from receiving or storage areas to shipping or to other designated areas.
- Sort and place materials or items on racks, shelves, or in bins according to predetermined sequence such as size, type, style, color, or product code.
- Fill requisitions, work orders, or requests for materials, tools, or other stock items and distributes items to shipping or to designated route driver storage area.
- · Assemble customer orders from stock and places orders on pallets or shelves, or relocate orders to a holding area or shipping department.
- · Mark materials with identifying information using appropriate method.
- . Open bales, crates, and other containers.
- Identify damage, loss, or surplus of goods and materials stored in the warehouse.
- · Assist in counting of physical inventory.
- Weigh and count items for distribution to ensure conformance to company standards.
- May be assigned facilities maintenance duties as needed.
- Prepare parcels for shipping.
- Sweep, dust, and mop to ensure clean and safe work environment.
- Organize warehouse and work area for orderiness at all times.
- Wearing the proper safety equipment.
- Other duties as assigned.
- Adhere to all company procedures and policies
- Always operate in a safer manner... SAFETY FIRST

### Required Skills/ Qualifications:

- · Must be forklift certified
- · Ability to read and interpret documents such as safety rules, operating and maintenance instructions, and procedure manuals.
- . Ability to write routine reports and correspondence.
- · Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals.
- Safety (MSDS) training

### Education/ Experience Requirements:

- · High school diploma or general education degree (GED);
- Six months or more related experience and/or training; or equivalent combination of education and experience.

#### Physical/Mental Deman

### **Additional Details**

This is not a Green Job

This is not a 'Keystone Works Program' related jdb

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# **Exhibit**

0

Mortgage lender monthly statement

2019

1 Page



JONATHAN VALENTIN 1110 ELBRIDGE ST PHILADELPHIA, PA 19111

Akceotinis information = Statement D	ner/1/2/2019
Account Number	0000286615
Payment Due Date	11/1/2014
Total Amount Due	\$57,892.29
\$18.48 late fee may be ch	arged on or after 2/17/2019
Outstanding Principal	\$79,596.47
■ 1、 1907年,1998年,1941年,1951年,1918年,	amount to pay off your loan
Interest Rate	2%
Prepayment Penalty	No
Escrow Balance	\$0,00

Rast Rayment Breakdown	Paid Since	Paid Year to
	12/6/2018	Date
Principal	\$0.00	\$0.00
Interest	\$0.00	\$0.00
Escrow (Taxes and Insurance)	\$0.00	\$0.00
Fees	\$0.00	\$0.00
Partial Payment (Unapplied)	\$0.00	\$0.00
Total ,	\$0.00	\$0.00

Due Date	Principal	Interest	Escrow	Other Funds	Total
11/1/2014	\$142.07	\$132.66	\$238.27	\$0.00	\$513.00
12/1/2014 - 1/1/2019	\$5,913.96	\$10,744.99	\$11,913.50	\$0.00	\$28,572.45
2/1/2019	\$109.14	\$260.46	\$238.27	\$0.00	\$607.87
rotal Payment	s Due				\$29,693.32
Total Fees and	l Charges		***********		\$28,198.97
Total Amount					\$57.892.29

Customer Service: (800) 603-0836

Website: borrower.snsc.com \* Email: customserv@snsc.com

You are late on your mortgage payments. A first notice or filing for a foreclosure action has been initiated. Failure to bring your loan current may result in fees and foreclosure -- the loss of your home. As of January 2, 2019, you are 1522 days delinquent on your mortgage loan. This is your Recent Account History:

\* Payment due 08/01/2018

(Etalingtioneyayoride)

- \* Payment due 09/01/2018
- \* Payment due 10/01/2018
- \* Payment due 11/01/2018
- \* Payment due 12/01/2018
- \* Payment due 01/01/2019
- \* Current Payment due 02/01/2019: \$607.87
- \* Total: \$57,892.29 due. You must pay this amount to bring your loan current.

### ក្រែសារដែលជាមានសម្រាប់

Statement includes transactions through 01-02-2019. Reinstatement figures are subject to change. We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected on your credit report.

ଟ୍ରିf you have previously received a discharge in bankruptcy and this debt was not reaffirmed, this correspondence is not and should not be construed to be an gattempt to collect such a debt as your personal liability, but is instead a step in the enforcement of a mortgage lien against your property. g<mark>Housing Counselor Information:</mark> If you would like counseling or assistance, you can contact the following:

 U.S. Department of Housing and Urban Development (HUD): For a list of homeownership counselors or counseling organizations in your area, go to http://www.hud.gov/offices/hsg/sfb/hcc/hcs.cfm.or.call.800-569-4287.

à		
7	Other Balances	Transaction Activity (42/6/2018 to 1/2/2019)
-7	Description Balance	Date Description Charges Payments
	Prior Serv Corp Adv \$21,285.02	No Transactional Detail
ì	Prior Serv Esc Adv \$6,603.64	
i	Prior Serv Late Chrg \$310.31	



# Proof of service

----Original Message-----

From: jonathanvltn@aol.com <jonathanvltn@aol.com>

To: glenn.bozzacco@courts.phila.gov <glenn.bozzacco@courts.phila.gov>

Sent: Thu, May 13, 2021 6:43 pm

Subject: Family Court Video/ D.C. report no.17-09-10325

Hello.

This message is in response to a recent email notice informing the recipient of city hall's, first judicial district legal service's policy stated directly below wherein Philadelphia family court video footage is not shared with claimants requesting duplication of evidence for court trail purposes as interpreted by the recipient of the below listed email. Please respond with additional information clarifying the process for requesting video evidence of incident for court trail, thank you.

The Philadelphia family court video surveillance footage of March 19th, 2017 for D.C. report no. 17-09-10325 can be made directly available to the Pennsylvania Third Circuit Federal Easter District clerk of court, James A. Byrne, phone number (215) 597-2995, room 2609 at 601 Market St. Philadelphia, PA. 19106 under civil case no. 19-cv-1175 attention, Honorable Judge, Gene E.K Pratter, thank you:

Sincerely, Jonathan Valentin

Original Message—

From: Bozzacco, Glenn <glenn.bozzacco@courts.phila.gov>

To: 'jonathanvltn@aol.com' <jonathanvltn@aol.com>

Sent: Thu, May 13, 2021 6:56 am Subject: RE: Family Court Video

Reference is made to the voice mail messages I received from you concerning Family Court Video. Please see the below email to you on March 19, 2021 wherein I informed you that Family Court video is confidential and not subject to public access.

Thank you. Glenn

# Glenn S. Bozzacco, Esquire

Legal Services, First Judicial District City Hall 371 Philadelphia, PA 19107 215.686.4057

## DISCLAIMER

This email is intended only for the personal use of the recipient(s) named above. This message may be an attorney-client communication and, as such, privileged and confidential. If you are not an intended recipient, you may not review, copy, or distribute this message.

If you have received this communication in error, please notify us immediately by email and delete the original message.

Thank you.

From: Bozzacco, Glenn

Sent: Friday, March 19, 2021 1:27 PM

To: jonathanvltn@aol.com Subject: Family Court Video

Reference is made to a phone message I received wherein you are requesting video from Family Court on Sunday March 17t, 2017. Please be advised that this video is confidential. Furthermore it would have been deleted unless a request was made within 30 days to preserve it.

Thank you. Glenn

Glenn S. Bozzacco, Esquire

Legal Services, First Judicial District City Hall 371 Philadelphia, PA 19107 215.686.4057

### DISCLAIMER

This email is intended only for the personal use of the recipient(s) named above. This message may be an attorney-client communication and, as such, privileged and confidential. If you are not an intended recipient, you may not review, copy, or distribute this message.

If you have received this communication in error, please notify us immediately by email and delete the original message.

Thank you.

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PS Form 3817, Mar. 1989	

# Case 2:19-cv-01175-GEKP Document 33 Filed 06/10/21 Page 115 of 116 CERTIFICATE OF SERVICE

I, frealing Valenty hereby certify that a true and correct copy of the foregoing civil complaint and all accompanying papers, were served on the below listed addresses by the, US Marshalls on, \_\_06 / 08 / 202/

Service by US Marshalls addresses as follows:

Philadelphia County Sheriff's Department

100 South Broad Street, 5th Floor, Philadelphia, PA 19110 (215) 686-3530

U.S. Clerk of Court, Eastern District Pennsylvania James A. Byrne U.S. Courthouse Room 2609 601 Market Street Philadelphia, PA 19106 (215) 597-2995

Sincerely, Jonathan Valentin

prolling Naturely

Jonathan Valentin

1110 Elbridge St. Philadelphia, PA 19111

215-214-9432

jonathanvitn@aol.com

Utility Mailer 10 1/2" x 16"



FROM: Jonathan Valentin



US Eastern District Phila. P.A. Mos Romason of Pennsylvania

EXPECTED DELIVERY DAY: 06/09/21 9505 5157 8641 1159 3160 99 USPS TRACKING® # スののの